

THE PSYCHIATRIC QUARTERLY SUPPLEMENT

OFFICIAL SCIENTIFIC ORGAN OF THE NEW YORK STATE
DEPARTMENT OF MENTAL HYGIENE

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Published at the State Hospitals Press,
Utica State Hospital, Utica, N. Y.

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PUBLISHED BY AUTHORITY OF THE
NEW YORK STATE DEPARTMENT OF MENTAL HYGIENE

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The Psychiatric Quarterly Supplement, formerly published as a section of the State Hospital Quarterly, is the official organ of the New York State Department of Mental Hygiene.

It is published in two numbers yearly—Part 1 and Part 2. Annual subscription rate, \$1.00 in U. S. and its possessions; \$1.25 elsewhere.

Editorial communications and exchanges should be addressed to the editor, Dr. Richard H. Hutchings, Utica State Hospital, Utica, N. Y.

Business communications, remittances and subscriptions should be addressed to the State Hospitals Press, Utica, N. Y.

Entered as second-class matter April 17, 1917, at the postoffice at Utica, N. Y., under the Act of March 3, 1879.

*Two of the associate editors, Duncan Whitehead, M. D., and James N. Palmer, M. D., are on temporary inactive status, as they are absent in military service.



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MENTAL DEFICIENCY AND MILITARY OFFENSE

BY Z. A. PIOTROWSKI, Ph.D., AND SGT. J. M. HOBBS, C. M. P.

Perhaps the most outstanding characteristic of a mental defective, in his active attempts to adjust to the requirements of life, is the inability to think in terms of several possibilities. He cannot weigh the advisability of each possibility and then compare them with one another in order to choose the most advisable course of action. If he hesitates, he does so because of fear to act and not because of pondering over the pros and cons of a number of possible actions. Prediction of results of any action is too difficult a task for a defective if the prediction requires comprehension of general principles of conduct (e. g., laws, especially if the latter contain clauses, beginning with "if" or "when") or of theoretical generalizations. He is not capable of applying general principles to specific instances. The defectives have one-track minds and they are one-job men. "They have very often found niches for themselves in civil life where they have been able to give first class service on one particular routine job. Experience has shown that where they go unrecognized and are put in units of ordinary men they quickly begin to present problems."¹ This seems to have been the experience of all armies and, therefore, it has been suggested that men with mental ages of below 10 years not be inducted into the United States Army.² The army, by regulations, has established minimum intellectual limits; yet many defectives have been and are still being inducted.

The purpose of this communication is to demonstrate how much more frequently, than an average soldier, the mental defective gets into difficulties if he is treated in a similar way to the average soldier. This will be done by comparing the percentage of mental defectives in the whole army with the percentage of mental defectives among general prisoners in the army.

The percentage of defectives in the army certainly is small and is probably lower than one-half that in the total population, i. e., less than $\frac{1}{2}$ of 1 per cent to 2 per cent. Rowntree, McGill and Edwards³ published data on the incidence of mental defects, on the rates and causes of rejection among 18 to 19-year-old registrants, examined at local boards and induction stations between December, 1942, and February, 1943. Among 45,585 registrants, 0.85 per cent were classified as mental defectives and 0.70 per cent rejected. Thus 0.15 per cent of those who were inducted were mentally defective. On the basis of the present writers' experience, it seems probable that about two-thirds of the 0.89 per cent of registrants who were classified as educationally deficient and who were inducted into the army, were also intellectually deficient; if so, the percentage of defectives in the

army would have to be raised from 0.15 per cent to 0.75 per cent. Among the 0.27 per cent who were inducted in spite of recognized neurological defects there were probably very few, if any, defectives, since it is unlikely that a man classified as neurologically defective would be admitted if his intelligence were inferior. If the data on the 45,585 examined men are taken as a fair sample, typical of the total enlisted personnel of the army, then the percentage of mental defectives in the army is approximately $\frac{3}{4}$ of 1.

Examination of prisoners in the rehabilitation center at Fort Jackson, S. C., which is under the command of Col. John P. Hurley, provided data on the incidence of mental defectives among general military prisoners. Rehabilitation centers of the army do not receive all prisoners tried and convicted by general courts-martial. The following general prisoners are excluded from them: prisoners with less than six (formerly three) months of a sentence to confinement yet to serve; commissioned, warrant and flight officers; narcotic or other habit-forming drug addicts and soldiers convicted of illegal trafficking in narcotics or other habit-forming drugs; sodomists or other sexual perverts; established incorrigibles; soldiers convicted of treason, murder, rape, kidnaping, arson, pandering, or of crimes involving aggravated violence indicating the necessity for unusual physical restraint. General military prisoners falling in these categories are sent directly to disciplinary barracks or other correctional institutions. As far as general intelligence is concerned, however, there is little probability that the exclusion of these men seriously affected the distribution of intelligence scores in the rest of the group, because civilian prisoners convicted of the sort of crimes which exclude military prisoners from rehabilitation centers show, on the average, an inferior intellectual level, and it is very unlikely that soldiers committing crimes are brighter than civilians committing the same crimes.

The following data were computed before instructions were issued not to send mental defectives to rehabilitation centers. In a sample of 200 cases which reflected adequately the distribution of army general classification test (AGCT) scores in the total prisoner population, the percentage of defectives, i. e., of men with scores below 70, was 31 per cent (See Table A).

This percentage requires correction for at least two reasons. In the first place, the AGCT is not a test of intellectual capacity alone, but in some degree measures intellectual efficiency also. It has a time limit, and men who are slow, hesitant, and insecure, would tend to get lower scores on it than on a test without a time limit. In the second place, the AGCT is a group test, and group tests are less reliable than individual tests. It is far

more difficult, and in many cases impossible, to ascertain the degree of cooperation during group testing. Without full cooperation, the test score is spuriously low and unrepresentative of real capacity. Known illiterates were excluded from the sample, but some of the lowest scores probably were due to unsatisfactory proficiency in reading. Also, the possibility of copying answers from neighbors cannot be entirely excluded, since perfect control which would exclude such copying is rare. Copying of correct answers to about 10 out of the 150 problems would suffice to raise a very low score above the defective level.

TABLE A. DISTRIBUTION OF AGCT SCORES AMONG 200 GENERAL MILITARY PRISONERS IN THE REHABILITATION CENTER AT FORT JACKSON, S. C., MEAN CHRONOLOGICAL AGE: 24.5 YEARS

Scores:	Over 129	129-110	109-90	89-70	Below 70	Total
Absolute No.	1	37	49	51	62	200
Percentages	0.5	18.5	24.5	25.5	31.0	100.0

Scores:	Over 120	120-80	Below 80	Total
Percentages in rehabilitation center prison camp....	8.0	47.5	44.5	100.0
Percentages in army enlisted personnel	16.0	68.0	16.0	100.0

In order to determine how many of the AGCT scores of 69 and below were spuriously low, 120 men with AGCT scores of 69 and below (including the 62 in the random sample and 58 additional cases) were retested with the more reliable individual intelligence tests, the Stanford-Binet and the Army-Wechsler. Only 65 of these men obtained individual test intelligence quotients below 70, and 55 obtained higher I. Q.'s. Thus, according to the individual tests, only 54.2 per cent of men with AGCT scores indicating mental deficiency, i. e., with scores below 70, were defective. In order to determine if any of the AGCT scores of 70 and above were spuriously high, 50 men with AGCT scores of 70 to 89, and 30 with AGCT scores of 90 to 109 were retested with the individual tests. Of the 50 men scored between 70 and 80, eight obtained individual test I. Q.'s below 70; i. e., 16 per cent of them were defective according to the individual tests, but not according to the AGCT. None of the men with an AGCT score of 90 and above had an individual test I. Q. below 70.

Thus two corrections must be made in the 31 per cent of men with AGCT scores of below 70 in the sample of 200. According to the findings in the preceding paragraph, only 54.2 per cent of the 31 per cent—or 16.8 per cent of the total—are defectives, if an individual intelligence test I. Q. of below 70 is taken as a criterion of mental deficiency. But to this corrected

figure of 16.8 per cent, an addition must be made. According to the individual test, 16.0 per cent of the 25.5 per cent with AGCT scores of 70 to 89 were defective, i. e., 4.1 per cent of the total sample of 200. Thus the corrected percentage of defectives in the sample of 200 is 20.9 per cent.

This number, 21 per cent in round figures, probably can be taken as the correct percentage of mental defectives among general prisoners in the army, and is more than four times higher than was anticipated.⁴ This percentage is extremely high and is about twice as large as the percentage of defectives among youthful civilian prisoners. Delinquents who are in institutions, or who come before the courts, are as a group, somewhat below average in intelligence; however, they do not differ in intelligence level from nondelinquent members of their own socio-economic group.⁵ The majority of general military prisoners comes from families of a low socio-economic level. The chief reason for the difference in incidence of mental deficiency between military and civilian prisoners appears to be the difference in the nature of military and civilian offenses. About three-fourths of the defective military prisoners were sentenced for repeatedly absenting themselves from their military organizations without official leave. This type of offense is not punishable by civilian penal code, for a civilian does not commit a crime if he leaves his job. Many inefficient and inadequate forms of behavior are not punishable by civil law but are punishable in the army. The percentage of defectives among general military prisoners is about 30 times larger than in the army as a whole.

Discipline in the army is much more rigid than in civilian life. The requirements of teamwork in the army also are higher than in civilian occupations. The defective soldier is continually facing the danger of being behind his fellow soldiers in the execution of tasks, especially if the latter requires cooperation at a fast pace. The defective's main weakness is his limited capacity for prolonged, conscious, and directed effort, and for efficiency when speed is required. Feelings of inferiority must develop, particularly in the emotionally sensitive defective. The ensuing anxiety is then relieved by withdrawing from the highly competitive and rigidly organized army life. It is important to realize that by far the greatest number of military offenses by mental defectives, if not all, are committed by them, not deliberately and wilfully, but for reasons of intellectual inferiority which the defective cannot change, even with maximum effort. The defective cannot avoid conflicting with military law by being inactive and passive, because there are offenses of omission as well as those of commission. It can be readily predicted that the percentage of defectives among general military prisoners, and of course, the total number of military prisoners will vary with changes in the severity of military discipline.

Experience in the British army has shown that defectives can best be used in the army if they are put in separate organizations. "The employment of those men who have a very low capacity to learn, but who can be expected to remain emotionally stable, in unarmed labor sections has been notably successful. Without this provision the majority of them would have been lost to the army, and some would have been unemployable in civilian life even in the present time of labor shortage. In these special groups, with wise officers and noncommissioned officers, they give splendid service in a variety of occupations, relieving more intelligent men for other tasks and in many cases doing the jobs very much better than they are normally done by the more intelligent type of individual. These men are proud to be in the army, and they are happy because they have found friends on their own level. Disciplinary troubles are almost entirely absent, and these units provide a striking indication of what can be done in the way of employment of a group in society which in prewar years had certainly been a problem from many angles."¹ In our own army the need of training retarded soldiers separately from the rest of the men has been recognized, and a special training program has been instituted in several of the training centers in the army.⁶ While the army special training program provides well for the training of illiterates, non-English-speaking men and defectives, practically no provision is made for the proper disposition of the men at the completion of their training; the defectives are not kept together as a group and assigned to specific duties on the level of their abilities but are distributed in various organizations throughout the army. Intellectual level is a factor which affects significantly the restoration of a prisoner to active military service. E. g., the average I. Q. of a group of 107 prisoners recently restored to duty in the rehabilitation center of the 4th Service Command was 93.5, or far higher than the average I. Q. of all prisoners in the center, as is evident from Table A. Thus, there seems to be no doubt that the mental defectives ought to receive special treatment if they are to be useful to the army and not to cause loss of time and interference with military activities.

SUMMARY

The percentage of mental defectives in the army is about 0.75, or approximately one-half of that in the total population, but the percentage of defectives among general military prisoners is 21.0. Thus the chances of a mentally defective soldier committing an offense punishable by a general court-martial is about 30 times greater than those of a soldier with nondefective general intelligence. Defectives in the army should be recognized as a sep-

arate group. They should receive special training, should be placed in their own units and should be assigned to special duties in order to increase the efficiency of the army and decrease the number of courts-martial.

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EMOTIONAL IMPLICATIONS OF MILITARY REJECTION AND DISCHARGE*

BY SAUL ROSENZWEIG, Ph.D.

Men numbering in the millions have been rejected at induction centers or discharged from military units since the beginning of mobilization. The reasons for rejection or discharge vary greatly, including physical disabilities of all types and educational or mental disqualifications. Though it is hazardous to generalize about the emotional implications in such a variety of conditions, certain typical reactions can be outlined. Such a survey may serve to stimulate further consideration of the psychological situation of these "unfit" individuals whose condition, already a basis of suffering as their rejection or discharge indicates, becomes seriously aggravated by its new disclosure. Emotional implications are naturally apt to become prominent in cases of personality disorder—a fact which accounts in part for the emphasis, in what follows, upon mental disabilities. It must be recognized, however, as a further justification for such selection that at least one-third of all those rejected or discharged thus far carry a psychiatric diagnosis.

In discussing the present problem, an attempt will be made to avoid certain current unfortunate terms and to substitute instead the general expression "militarily unfit." This designation, as will be pointed out later, has the advantage of emphasizing the specific kind of activity for which the individual is unfitted and thus removes the stigma of any universal disqualification. Failure to choose a careful expression of this type has in itself often served as a source of maladjustment.

The first part of the discussion will be devoted to certain common or typical psychodynamic situations, each with its own emotional implications, found in cases of rejection and discharge. Qualifications for special groups of men separated from the armed forces will then be briefly mentioned. Finally, one or two practical suggestions will be offered.

No discussion of the typical psychodynamic situations here in question can afford to overlook the continuity of civilian and military adjustment. Those who are rejected at induction or break down in one of the services have previous civilian histories and will return to civilian environments; and both history and civilian environment contribute in important ways to the nature of the returning men's experiences. To think merely of the particular disqualification for which the individual has been declared mili-

*Presented in substance before the Pennsylvania Welfare Conference, Philadelphia, Pa., April 18, 1944.

tarily unfit leaves seriously out of account the total personality with its past experiences and present prospects, either of which may well determine the emotional implications of rejection more than the specific disability. To stress appropriately the rôle of such transitional factors, the typical psychodynamic situations that follow are oriented from the standpoint of the individual's own attitudes toward being inducted and being discharged.

A first and very common type of situation that demands attention is that in which the individual contemplates military service negatively, i.e., with anxiety regarding separation from family and friends, financial loss, concern regarding the strict discipline ahead, loss of individuality as a result of being absorbed under a regimented life, eclipse of privacy in matters of everyday living, and fear of the ultimate dangers to which combat will expose him. Many immature personalities and some socially insensitive individuals are found in this group, with those technically diagnosed "psychopathic personalities" serving as the extreme examples. Psychoneurotics sometimes also exhibit this orientation, though in them, as will presently be shown, the typical attitude is usually more mixed. In most individuals having this negative approach to military service, the expected emotional implication of rejection or discharge must be one of relief. To have escaped from something distinctly unpleasant is an advantage, whatever the circumstances that have fortunately occasioned it. Though individuals with this type of attitude will, by their very nature, seldom come to the therapeutic attention of the psychiatrist, social worker, or psychologist, their existence in significant numbers must be borne in mind if a dangerously sentimental approach to the present problem is to be avoided.

The other typical orientations are, by contrast, more involved and require a proportionately greater degree of sympathetic understanding. One group includes individuals who embrace the opportunity for military service with an overly positive receptivity. They see in it the chance to vindicate a deep sense of personal inferiority. The personal advantage or disadvantage of service is once more paramount, but in this instance the emotional implications of rejection or discharge must obviously be very different from those previously outlined. To lose the opportunity for service is experienced as a serious rebuff—as an unmistakable confirmation of bitter self-doubt. Striking examples of this orientation may be found among epileptics who, it has repeatedly been found,¹ go to every length, including outright falsehood, to conceal their disability at induction and after. When these men are found out and are being prepared for discharge, they characteristically protest with vehemence and attempt tenaciously to remain in service. Much of this tenacity probably stems from the keen realization, based on past experience, that civilian adjustment will not be easy; but the

psychological significance of the event still largely determines its emotional implications.

A variant of this typical overly-positive orientation is found among very young recruits, particularly those who aspire to the air corps. Such youths are usually fired by a high degree of romantic idealism in terms of which they see the opportunity ahead as tending to increase prestige, bestow independence, and offer unlimited opportunity for manly adventure. When boys with these attitudes are "washed out," the effect may by contrast be devastating. The emotional implication is a distinct threat to the sense of virility, and serious dejection—even psychotic depression—may supervene.

A third and final psychodynamic situation combines both positive and negative attitudes toward military life in an ambivalent pattern. The individual here has many of the disinclinations and anxieties sketched in the foregoing under the first type, but also present are certain highly personal factors making for the wish to enter or to remain in service. The latter positive motives are likely to resemble those more plainly found in the epileptic group. A state of conflict accordingly results. Characteristic examples are found among severe psychoneurotics who, on the one hand, dread the prospects of military service but at the same time are acutely concerned over the stigma of rejection as a confirmation of their sense of inferiority and guilt. Though such individuals may wish to avoid military service, they suffer greatly from bad conscience or other sources of anxiety once the separation has been accomplished. It is in cases of this sort, where neurotic patterns of adjustment already exist, that the emotional implications are apt to be most serious. Past symptoms become easily aggravated and new ones are readily added. Such individuals are apt, consciously or unconsciously, to construe their military unfitness as calling their sexual adequacy into question. Men with strong latent homosexuality are especially vulnerable in this connection.

The three typical psychodynamic situations thus outlined—as well as others not here described—are, of course, merely representative of various commonly occurring blends and mixtures. The purpose in outlining a few "pure" types is not so much to establish a classification as it is to suggest a point of view. In every particular case, the personality and experience of the individual has to be considered in detail as a basis for understanding the unique emotional implications to be expected in the face of rejection or discharge.

Many of the foregoing considerations are illustrated in the case of C.* He is 28 years old, of average intelligence, and is a high school graduate.

*The writer is indebted to Dr. Robert A. Clark, clinical director of the Western State Psychiatric Hospital, for psychiatric collaboration in the study of this case.

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He was inducted about a year ago without any, at present, clearly discernible attitude. Soon after basic training he was assigned to a tank destroyer division. All experience with guns, from the smallest to the largest, frightened him increasingly. The noise and the shaking of the ground at the detonation were more than he could stand. When one day during maneuvers he fell into a hole in the ground and arose with a pain in his side, he paid close attention to his injury though it did not immediately disable him. On observing his urine he found what he thought were specks of blood. Medical examination confirmed the suspicion of a kidney injury, and after various unsuccessful treatments the patient was discharged from the armed forces.

Since his separation from military service, it has become plain that the psychological factors are probably more important than the physical ones in the understanding of his problem. The most obvious symptoms he has are headaches, insomnia, dizziness and general feelings of confusion and restlessness, themselves not to be expected—to the extent of his complaints—from a kidney disorder. Probing somewhat more deeply, one quickly discovers that his kidney trouble has stimulated endless thoughts about sexual impotence. Taking his cue from a physician's chance remark about the possible effect of passing instruments through the urethra, the patient is concerned as to whether he may be sterile. He recently requested medical advice as to a possible operation for correcting the fact that his testicles seem to hang very low. He is more than usually aware of the homosexual activities he reports having observed in the army and of the effeminate men masquerading as women that he now encounters on the street. He says of such experiences that they turn his stomach. Moreover, since discharge from the army, he has taken precautions, not on any medical recommendation but on his own advice, to refrain from heterosexual intercourse. Previously he did not have such extreme scruples, though he had conflicts regarding sex behavior. He feels that sexual activity now may interfere unfavorably with his kidney disease.

Closely related to these emotional implications of the physical injury that occasioned discharge from the army is his attitude toward his present civilian status. He is not sorry to be out of the army. In fact, he explains that if it were necessary, he would cut off one of his toes to avoid reinduction. Nevertheless, as he meets the young wives in his neighborhood who have lost their husbands to the army he feels guilty. They seem to him to be thinking that if he had remained in the army—and other men like him—their husbands would not have had to go. It needs scarcely to be pointed out that the coexistence of his proposed solution for the problem of possible reinduction and his attitude about the young wives in his environment re-

fleets his deep conflict regarding army discharge and highlights the sexual implications of his neurotic adjustment to it.

An examination of the patient's family background and premilitary history suggests some of the experiential factors that could have prepared the way for his present reaction. He is one of eight brothers—next to the youngest. He has never had any sisters. The boy older than himself, on whom he might well have leaned in adolescence (especially after the death of the father), is himself emotionally unstable and was rejected at induction for this reason. On the other hand, the brother younger than the patient is serving overseas in the Army Air Corps and is therefore apparently well adjusted. This fact could serve the more to accentuate the patient's own inadequacy, perhaps by reactivating an early sibling rivalry. The father died 10 years ago of Bright's disease—a kidney illness. It is not inconceivable, though definitely speculative, that the patient's injury to the kidney region, if not occasioned by a neurotic identification with the dead parent, at least acquired its symbolic psychosexual significance from some such unconscious relationship.

It is thus evident that one cannot understand the patient's present orientation toward discharge and his particular rehabilitation problem without a knowledge of his whole personality and history. The continuity of civilian and military experience is clearly demonstrated in his case. The close tieup between certain physical defects and their even more disturbing psychological implications also stands out. As a psychoneurotic, he well exemplifies the ambivalent type of orientation toward army rejection or discharge.

Thus far the emotional implications discussed have been concerned with all cases of military unfitness, whether designated at induction or after army service. It is desirable to consider next certain special conditions which apply less generally.

The rejected inductee, while not infrequently conforming to the first type outlined in the foregoing, with a chief emotional implication of relief, often reacts to service separation in a more psychologically-serious fashion. Even in the extremely humorous description which James Thurber² gives of his rejection on account of bad eyesight in the draft of 1918, the anxiety underlying the reaction can be read without difficulty between the lines. Most individuals are less fortunate in their capacity to react with humor, let alone express it, so felicitously. The newspapers have carried occasional accounts of suicides allegedly resulting from army rejection. All too often the adverse reaction follows inopportune questioning by someone who is not satisfied to accept without further probing the simple statement that a man has been classified 4F. Thus, one young man was plunged into a psychotic reaction requiring hospitalization after he had yielded to the insistence of

his employer regarding the basis for rejection and had to reveal a long-standing enuretic condition.

The problem of the teen-age rejectee³ has not received the serious attention it deserves. Often these youths, who have had less opportunity to achieve maturity and who, having fewer civilian responsibilities, are more eager to be accepted, react very unfavorably in the second pattern which has been outlined. In their characteristically unstable adolescent adjustment, they are apt to construe rejection as proof of their unmanliness. Individuals of this age group should be carefully prepared by parents and others interested in their welfare for possible rejection and should be tactfully and sympathetically treated if they fail to pass their examinations. There is considerable room for public education in this matter that has till now been comparatively neglected.

A related problem concerns the advisability of putting into the inductee's hands a statement of the basis for rejection. Often the emotional reaction to this procedure during the medical examination is seriously adverse. Some psychiatrists have accordingly recommended that the reason for rejection should be stated very generally or not made available to the inductee at all.⁴ It has also been urged that the rejected inductee receive a special lapel button comparable to the similar emblem worn by honorably discharged service men. The practical expediency of these suggestions is beyond the scope of this paper, but their mere recognition once more emphasizes the potentially serious emotional implications of rejection.

More pertinent in the present context is the plan that has been inaugurated in a number of induction centers for dealing with the problems of the rejected inductee immediately after examination. In Milwaukee this plan has been put into operation with considerable success as the following quotation from a report by Dorothy Paul, as quoted by Luther E. Woodward,⁵ indicates:

"Immediate value seems to result from an opportunity to talk over their first shock of rejection. This is particularly true of the younger boys, by whom rejection is considered a stigma. All of their friends are going into service. They dread the questions that will be asked. This is particularly true of the boys rejected because of nervousness. Not infrequently a boy will ask what he can tell his friends; he feels it is effeminate to be classed as nervous.

"When a boy is told of heart disease, kidney trouble, or tuberculosis for the first time, he is naturally frightened. He does not know whether to continue in his present work, nor whether he needs to consult a physician. Just expressing his fears and doubts helps him to formulate plans. It is

quite evident from letters received that many men are seeking medical attention who would probably not have done so had it not been for the interview.

"Employment problems are also confusing. Many of the men have severed all connections, contrary to the repeated advice of the selective service system. Other men or women have been trained to replace them and they do not know what to do. Some say, 'I like my job, but how can I go back? They gave me a farewell party and present last night. I can't go back. Maybe I'll go to California and work in an airplane factory.' Many men have a keen desire to get away from their home town. A large proportion of this group quickly see the folly of escape, and after discussing their chagrin are able to see the importance of the man behind the line. An effort is made in all such cases to help the man accept his diagnosis and rejection and to show him that the man on the front line would be helpless without supplies provided by the man behind the line. Those who do not have jobs or have a legitimate reason for changing are referred to the Wisconsin Employment Office nearest their home, as is recommended by the War Manpower Commission." (pp. 386-387)

Those special considerations which apply to the discharged soldier, as contrasted to the rejected inductee, follow from the procedure through which discharge has been effected. The reactions of individuals who have left the service by C. D. D. (Certificate of Disability for Discharge) may be expected to differ from those of men who have seen considerable combat and return perhaps as wounded heroes. Other distinctions attach to the difference of the white, blue, and yellow discharge cards—with honor, without dishonor, and with dishonor. Those with dishonorable discharges may well have strong emotional reactions not unlike those occurring in men who have completed long civilian prison terms.

Since many of the men discharged from the armed forces find civilian readjustment a serious problem, particularly if they fall into the preponderant group separated from service for psychiatric reasons, the suggestion has been made⁶ that certificates of rehabilitation be issued to them for use with relatives, friends and prospective employers. Apart from the practical arguments regarding such a step, the mere existence of the recommendation again highlights the seriousness of the emotional problem.

Moreover, this suggestion calls attention to a decisive factor that has thus far not been explicitly brought out in the present discussion—the attitude of others toward the militarily unfit. The way in which an individual will adjust to separation from service will depend in large measure on the way in which others adjust to him. Speaking about those men sent out of the army by certificate of disability, Colonel Porter⁴ has said: "They should

not *necessarily* be regarded and stigmatized as lunatics or goofs. They may well fit acceptably into the civilian scheme of things and be regarded as partners in this total war. We are victims of a system where it seems necessary to hang a tag about every man's neck—we are not satisfied to say, 'This man is not vocationally fit for military service . . . ' (p. 355). The implied advice of these words should be seriously regarded by all those responsible for dealing with the militarily unfit either directly or through the education of others. The ordinarily limited scope of the disqualification and the attendant chances of useful civilian employment should be stressed. Lacking social reinforcement many of the individual's own doubts will give way to a wholesome constructive outlook.

From the preceding psychological analysis the chief practical measure to be recommended for the rehabilitation of the militarily unfit concerns vocational placement. Several writers^{7, 6} have emphasized the importance of offering such individuals an opportunity to demonstrate their fitness in civilian life, particularly in those aspects of it closely related to the war effort. Where such a solution is possible as a means of restoring self-respect, it should obviously be adopted and, where necessary, such a program should be supplemented by vocational guidance and vocational training procedures. In such placement efforts care must obviously be taken lest the intended beneficiary find himself in a situation where, being misplaced, he is subject to a new experience of rejection.

In every case of military rejection and discharge the deepest-lying emotional implication—and the one with the most practical effects if properly appreciated and successfully implemented—is the inevitable trend of the living individual toward self-readjustment. This trend is as deep as the life process itself and in the present context warrants the introduction of a term—"rehabilitation drive." Every individual who has suffered frustration through military unfitness can be counted on from this point of view to seek new self-respect and social dignity if properly aided. Any help to be given will succeed best if based upon such a premise.

A convincing example of this inalienable trend in human nature is found in the case of Henry James, the famous American-British novelist and critic of the preceding generation. It has been shown elsewhere,⁸ in a study of his biography as related to his life work, how, on a predisposition dating from early childhood, he reacted morbidly to an accident in the early days of the Civil War that rendered him unfit for military service; but how his every major life adjustment thereafter represented an effort to pass beyond that experience and achieve a new manhood. Fifty years after the original accident—shortly before his death in 1917—he finally succeeded in laying the ghost of his past. Leaving the reserved and quiet manner of

existence he had adopted as a literary man for many years, he entered actively into numerous volunteer civilian activities in behalf of the Allied cause. His efforts amazed his friends who feared only too rightly that he was courting an untimely end by his profligate expenditure of energy. Outraged by the delay of the United States in entering World War I, he even became a British citizen six months before his death and in this way, despite the note of overcompensation, changed his rôle from that of a Civil War rejectee into that of a World War hero. On a dramatic lifelong scale one thus sees in the experiences of this man the depth to which the emotional implications of army rejection or discharge can reach; and, with equal clarity, appears the counterpart force of the rehabilitation drive.

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LONG RANGE PROGNOSIS OF CHILD GUIDANCE CLINIC CASES*

*The Present Status of 1,859 Cases Examined at the New York State
Department of Mental Hygiene Child Guidance Clinics During
the Year July 1, 1938 Through June 30, 1939*

BY DONALD W. COHEN, M. D., AND MARGARET L. CARPER

Since 1920, the New York State Department of Mental Hygiene has conducted a traveling child guidance clinic program covering those areas of the State where no other facilities for such service were available. When inaugurated, the clinics utilized the services of only one full-time psychiatrist and two full-time psychologists who conducted from 14 to 18 monthly clinics. When first instituted, the clinic services were utilized mainly for the examination of two types of cases: mentally retarded children presenting social and educational problems, for whom advice was desired as to their proper placement, and children whose chief difficulty appeared to be an inability to make normal school progress. Ordinarily, cases were seen only once in the clinics and in the majority of cases no direct treatment was possible other than that given in the one interview. As a result, the clinic service was mainly diagnostic with treatment primarily obtained through the manipulation of environmental factors by local referring agents or agencies.

As the communities became more aware of the clinic program, the requests for service showed a continued increase, and gradually the clinic personnel was enlarged. The State hospitals and State schools of the Department were asked to supply psychiatrists, psychologists, and social workers to conduct child guidance clinics in the areas served by their respective institutions. In conjunction with the increase in clinic service an educational program was undertaken to make the communities more aware of the need for psychiatric treatment for maladjusted children other than those presenting problems of mere mental deficiency or educational retardation. One of the results of this educational program is readily demonstrated by the change which gradually occurred in the types of cases referred to the clinics. During the fiscal year of 1931-1932 which was the first year that a psychiatric classification analysis of the child guidance clinic cases was made, the mental deficiencies and the educational disabilities comprised 64.5 per cent of the total, the primary behavior disorders 24.4 per cent and the social problems 9.1 per cent. During the fiscal year of 1942-1943, the men-

*Read at the Quarterly Conference at Hudson River State Hospital, Poughkeepsie, October 18, 1944.

tal deficiencies and the educational disabilities comprised only 40.8 per cent of the total, the primary behavior disorders 34.2 per cent and the social problems 12.2 per cent.

Requests for clinic services increased rapidly. In 1920, when the child guidance clinic service was first instituted, 619 new cases were examined. In 1941, the peak year, 4,885 new cases were seen. The comparison between these two years readily demonstrates the rapid growth of the Department's child guidance clinic program. In 1941, four psychiatrists and eight clinic workers (psychologists and social workers) were employed on full time. In addition, 16 of the Department's hospitals and schools furnished the personnel for clinics conducted in the areas served by their respective institutions.

In 1920, from 14 to 18 clinics were held monthly. In 1941, approximately 140 clinics were conducted each month. Since the beginning of the war emergency and the resultant loss of personnel to the armed forces, the State hospitals and State schools have found it necessary to curtail their extramural activities greatly, including their child guidance clinics. As a result, the total number of monthly child guidance clinics now conducted by the Department is approximately 80.

In the past, only a few clinics were held on a semi-monthly or weekly basis, the majority being scheduled on a monthly basis. This has made it difficult to treat adequately cases requiring intensive study and therapy. Moreover, the large number of new cases constantly being referred also interfered with the frequency with which cases might be returned for more intensive treatment. Since each clinic provides service to a number of agencies in the area served by the clinic, and since most agencies are subject to an ever-increasing case load of which a certain percentage requires some degree of psychiatric study, the clinic personnel was not too successful in increasing the number of return visits and curtailing the number of new cases. The inclination on the part of some workers and agencies to utilize the clinics for diagnostic, rather than therapeutic, purposes has also contributed to their tendency to refer new cases for which only advice in regard to placement was desired, rather than cases presenting behavior or personality difficulties requiring intensive study and treatment.

Even though a child may be seen only once or twice, it is erroneous to conclude that the clinics are purely diagnostic in character, for not only are a diagnosis and an interpretation of the problem given in each case to the parent and the referring worker, but a treatment program is also offered. The Department recognizes that the therapy type of clinic is the most desirable; but the factors previously referred to, plus many others, have prevented intensive therapy save in occasional cases.

The clinic personnel and others closely allied with the clinic activities of the Department have long felt that despite the "diagnostic coloring" of the clinics, the results obtained by the procedures have been anything but discouraging. It has been realized at the same time that, with additional personnel, making possible increased frequency in conducting clinics in each community and consequently more intensive study and treatment in each individual case, much better results might be obtained.

To determine as accurately as possible just what therapeutic results the clinic program has been achieving, a survey was made this year of all cases referred, during the year from July, 1938, through June, 1939, to the child guidance clinics conducted by the four full-time psychiatrists of the Department's child guidance clinic staff. The aim of the survey was to determine the present adjustment status of each case in relation to the original problem or problems for which the child was referred to a clinic, as it was considered safe to assume that, after the lapse of a five-year period, the results obtained in this group might be considered indicative of the future prognosis in the great majority of the cases surveyed. Seven classifications of present status were used, namely: adjusted, much improved, improved, unimproved, unknown, dead, and in institutions.

For each case, contact was made with the original referring agent or agency, and the decision as to the child's present degree of adjustment was made by the worker or agency. Also, the members of the clinic staff were able to verify the referring agencies' reports as to the outcome in many of the cases.

A total of 2,491 cases was surveyed (See Table 1). Of this total, no reports could be obtained on 401 cases, as the worker or agency had lost contact with them. Two hundred and five patients have been institutionalized (no reports were procured). Twenty-six have died. Thus it was possible to obtain reports of present adjustment on 1,859 cases or 74.6 per cent of the total considered. Of this group, 823, or 33 per cent of the entire group of 2,491 cases, were reported adjusted; 147, or 5.9 per cent, were reported much improved; 508, or 20.4 per cent, improved, and 381, or 15.3 per cent, unimproved. If one eliminates those cases for whom no reports were obtainable and considers as the total the 1,859 cases whose present adjustment is known, the percentages run about one-third higher, making the adjusted group 44.3 per cent, the much improved 8.0 per cent, the improved 27.3 per cent and the unimproved 20.4 per cent (See Table 1). These percentages may give the more accurate picture of the total group (2,491 cases), as the unknown group of 401 cases, which represents 16.1 per cent of the total cases surveyed, would probably give a fairly high percentage of adjusted cases if the patients could have been reached. If they had failed to ad-

just or had developed other problems, it is quite likely that they would in majority of cases have been again brought to the attention of the agency. Furthermore, it is highly probable that a fair percentage of the institutional cases may be adjusted on their mental levels.

To determine the types of problems with which the best results were obtained, the patients were grouped according to their psychiatric classification, such as, mental deficiencies, psychoses, psychoneuroses, neuroses, convulsive disorders, primary behavior disorders, personality disorders, etc. It is interesting to note that the largest group (835 cases) is that of the primary behavior disorders. In this group, are included the habit, the personality, the neurotic and the conduct disorders. Because of the "diagnostic" coloring of clinic referrals during the year for which the survey was made, one might well expect the mental deficiencies and educational problems to be the larger groups. Yet the primary behavior disorders and social problems exceeded the educational and mental deficiencies by approximately 20 per cent.

In comparing the present adjustment status for the various groups one notes that 59.1 per cent of cases referred for social problems are adjusted while only 29.5 per cent of the primary behavior problems are so classified. When considering this, one must remember that a given number of the social problems were children whose adjustment only required placement in a suitable foster home. Furthermore, only 53 of them were in the group for which it was impossible to obtain present adjustment status, while 185 of the primary behavior disorders were unreported.

In considering the percentages under the classification "unimproved" (Table 1), the highest is, as expected, given for psychopathic personalities (41.2 per cent). The lowest is for speech problems (4.8 per cent). A higher percentage was reported for the mental defectives (19.6 per cent) than for the primary behavior disorders (16.4 per cent), but for 45 per cent of the mental defectives no adjustment reports were received, while only 22 per cent of the behavior disorders were in the total group unreported.

It is gratifying to note that, with the exception of the mental defectives, the combined percentages of the adjusted, much improved, and improved of the four larger groups studied, the primary behavior disorders, social problems, educational and mental deficiencies, ranged between 61 and 76 for each group. For the total group of 2,491 cases, the combined percentages for the four groups was 59.3. For the group of 1,859 cases, for whom the present status was known, the combined percentage was 79.6.

Table 2 was constructed in order to demonstrate the present status of the 2,491 cases surveyed correlating the degree of adjustment with the psychiatric classification.

TABLE 2. PRESENT STATUS OF 2,491 CASES SEEN AT CHILD GUIDANCE CLINICS DURING FISCAL YEAR BEGINNING JULY 1, 1938, THROUGH JUNE 30, 1939, CORRELATING THE DEGREE OF ADJUSTMENT WITH THE PSYCHIATRIC CLASSIFICATION

Psychiatric classification	Adjusted		Much improved		Improved		Unimproved		Unknown		Institutions		Dead		Total adjustment whom present	
	No.	Percent- age	No.	Percent- age	No.	Percent- age	No.	Percent- age	No.	Percent- age	No.	Percent- age	No.	Percent- age	Total cases is known	Percent- age
Mental deficiencies	103	12.5	7	4.8	70	13.8	100	26.2	89		130		12		511	280 15.1
Psychoses	4	0.5			4	0.8	3	0.8	1		5				17	11 0.6
Psychoneuroses and neuroses	3	0.4	1	0.7	3	0.6	1	0.3	7						15	8 0.4
Convulsive disorders	3	0.4	2	1.4	4	0.8	12	3.1	6		7				34	21 1.1
Behavior disor. with somat. dis. or def.	2	0.2	1	0.7	4	0.8	2	0.5	2						11	9 0.5
Habit					1		1									
Personality ...	2		1		2		1		2							
Neurotic					1											
Conduct	1	0.1	1	0.7	2	0.4	7	1.8	3		3				17	11 0.6
Psychopa. personal.	175	21.3	38	25.9	139	27.4	65	17.1	101		6		3		527	417 22.4
Educati. disabilities	246	29.9	72	49.0	195	38.4	137	36.0	137		40		8		835	650 35.0
Prim. behav. disor.	33		11		17		12		14		2		1			
Habit			14		54		27		33		6		2			
Personality ...	72		15		24		9		13		2		1			
Neurotic	20		15		100		89		77		30		4			
Conduct	121		32		54		42		37		14		2		403	350 18.8
Social problems ..	238	28.9	16	10.9	54	10.6	11	2.9	17				1		98	80 4.3
Physical problems	38	4.6	7	4.8	24	4.7	11	2.9	17						21	20 1.1
Speech	8	1.0	2	1.4	9	1.8	1	0.3	1						2	2 0.1
Others	2	0.2														
Total	823	100.0	147	100.0	508	100.0	381	100.0	401		205		26		2,491	1,859 100.0

The adjustment results, shown by the survey of the group of cases studied, substantiate rather well what the clinic personnel have long maintained, namely, that decidedly favorable results are obtained from the type of clinic service provided, despite its drawbacks. This is not to say, however, that the program has been completely satisfactory. On the contrary, the clinic personnel is in full agreement that better results would have been obtained if the cases studied could have been treated more intensively.

During the present clinic year, 1944, vigorous efforts have been made to do more intensive work in each case where indicated. Toward this end, children presenting purely educational problems are no longer being accepted at the clinics. Also, increased pressure has been brought to bear upon consulting agencies to accept the Department's present clinic policy of giving more intensive psychiatric study and treatment, to the end that the agencies refer fewer new cases to the clinics, as opposed to a lesser amount of psychiatric service for a larger number of cases. The encouraging results of this new policy are already apparent, and it is gratifying to note that referring agencies have cooperated with the clinic personnel even better than anticipated.

It will undoubtedly be of much value to study, at a later period, another group of cases similar to those studied in the present survey, in order to compare the adjustment results reported here with those obtained under the Department's present policy of providing a more intensive psychotherapeutic service in its traveling child guidance clinics.

SUMMARY AND CONCLUSIONS

1. A total of 2,491 cases referred five years ago to the New York State Department of Mental Hygiene's child guidance clinics was surveyed.
2. Of this group, reports as to present adjustment status were obtained on 1,859 cases.
3. Forty-four and three-tenths per cent of the 1,859 cases have made a satisfactory adjustment; 8 per cent are much improved; 27.3 per cent are improved, and 20.4 per cent are unimproved.
4. Of the larger groups, the best results were obtained in the social problems groups, the primary behavior problems group, and the educational disabilities group.
5. Poorest results were obtained in the psychopathic personality group.
6. The important rôle of child guidance clinics in dealing with the present juvenile delinquency problem is well illustrated in this survey by the adjustment results obtained in the primary behavior problems group.

7. The child guidance clinic policy of the New York State Department of Mental Hygiene was changed during the current year, in that more intensive study and treatment with fewer and more suitable cases was substituted for previous procedures which might be considered as bearing a diagnostic rather than therapeutic label.

8. Although the clinic procedures may be able to fend off few psychoses, they can ameliorate conditions which contribute to or perpetuate neurotic or psychopathic states.

9. The results of this survey compare favorably with the national experience of child guidance clinics which showed approximately one-third success, one-third partial success and one-third failure.

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A PROGRAM FOR THE DEVELOPMENT OF OCCUPATIONAL THERAPY*

Report of the Occupational Therapy Committee to the Quarterly Conference of the New York State Department of Mental Hygiene

On October 26, 1944, Commissioner MacCurdy announced the appointment of a departmental committee on occupational therapy, and at the same time requested a meeting of the committee at the Albany office of the Department on November 15, 1944.

Commissioner MacCurdy, Deputy Commissioner Bigelow, and Assistant Commissioner Pense were present for varying lengths of time at this meeting.

Commissioner MacCurdy expressed the desire that the committee develop an ideal occupational therapy setup for the Department, its hospitals and schools. He recognized that to put into operation what might finally be planned as ideal would be too costly for the State to undertake at once, but expressed the thought that always working to attain the ideal would result in progress and better departments than we have at the present time.

The committee submits views and opinions for criticisms or approval by the Quarterly Conference:

It is recommended that there be a director and two assistant directors of occupational therapy, and that two of these three positions be filled by men, one skilled in shop work for men and the other skilled in physical training. The third position is to be filled by a woman skilled in arts and crafts. This setup, as noted, varies from what we have at present only in having an additional position occupied by a man skilled in shop work to reach the male patient population of the hospitals. Male patients, at present, have nothing comparable to the women's arts and crafts.

The setup in a hospital involves: (1) organization; (2) facilities; (3) personnel.

In regard to organization of a department of occupational therapy in a hospital, the committee would include in it: (1) arts and crafts; (2) pre-industrial shops for male patients; (3) physical training—gymnasium; (4) recreation; (5) the patients' library; (6) music to include a patients' orchestra, a band if possible and chorus singing; (7) beauty parlors; (8) sewing, of a repair and salvage nature, center.

Arts and crafts, physical training and recreation are accepted by all as proper occupational therapy projects, but from the answers received to questions asked the directors, there is a difference of opinion as to the other activities enumerated.

It was judged from the reports that only one hospital has a preindustrial

*Report of a committee headed by Christopher Fletcher, M. D., to the Quarterly Conference at the New York State Psychiatric Institute and Hospital, December 12, 1944.

shop. By a preindustrial shop is meant a center where male patients are occupied with shop work as cabinet making, inlaying, carving, wood turning, toy making, repair of small pieces of furniture, willow work, metal work, forging and welding, brush and broom making, ornamental cement work, pottery, the making of plastic novelties, mat making, upholstering of small pieces, painting, printing, bookbinding and the like with the use of the necessary tools to carry on these activities. These are projects that interest men as arts and crafts interest women.

The committee recommends a preindustrial shop as a necessity to reach male patients.

One director reported specifically that the patients' library of his hospital was not under the control or supervision of the occupational therapy department. It would appear that the patients' libraries in other hospitals were not included as occupational therapy activities judging from the employees in charge, such as female transfer agent, medical statistical clerk, chief supervising nurse, a clerk and a patient. In the school, the patients' libraries are cared for by teachers. Nine hospitals have assistant librarians in charge, but appear to have no other activities in connection with the library than the circulation of books and their care.

A patients' library can be a valuable adjunct to the occupational therapy department. It affords mental exercise and mental development, giving information, education and diversion.

The activities in the patients' library in one of the hospitals illustrate its relationship to other forms of occupational therapy and the necessity for its being a part of that department. In this library, are graded interests and abilities as there are in arts and crafts for women and in the preindustrial shop for men. In addition to the care of books, their circulation, cataloguing, etc., its program includes the cutting out of pictures from old magazines, grouping them according to topics and pasting them in scrap-books; the cutting out of continued stories in magazines to be made into booklets; the reviewing of lantern slides showing the scenic beauty of countries, their historical structures and monuments, their people, dress, customs, etc.; story telling; reading aloud; group discussion on current events, literature, the sciences, history and contemporary well-known men and women in different fields of interest; the conducting of quiz programs; spelling bees; the teaching of Braille to the blind; engaging in garden activities, tea parties, etc.

To carry on these activities requires coordination by the person in charge of occupational therapy, for they require arranging for visits by groups of patients engaged in other occupational therapy activities, from the wards and from hospital industries.

The committee recommends that the patients' library be a part of the occupational therapy department, and in charge of an assistant librarian; that it be so located that patients can have access to it without disturbing other activities of the hospital and that its program be expanded.

It is an accepted dictum that occupational therapy should be prescribed and supervised by physicians.

In the introduction to the "Occupational Therapy Yearbook" of 1943 appear these statements:

"Occupational therapy is any activity, mental or physical, prescribed by a physician for its remedial value.

"The doctor's prescription based on physical, mental and emotional factors, controls the selection of occupations, and the treatment is carried out by technicians called occupational therapists."

The American Occupational Therapy Association presupposes that physicians not only recognize the value of occupational therapy but that they are skilled in all the arts and crafts used, their application and the results obtained from each. It is asked, "Are we so skilled?" This is a pertinent question when one reads physicians' prescriptions such as: reactivation of interest; stimulation of interest; rehabilitation; overcome overactivity;; overcome self-absorption; interest and occupy; prevention of deterioration; keep occupied; make economically useful, etc.

With such prescriptions, the need is apparent for directors to give more attention to the education of medical staffs in this therapy. After all, it is something new to them. They had no courses in it at college, and perhaps little or no contact or instruction in it during their internships. In our work it is so extensive and important that a prescribed course of instruction, with reference reading, and time allowed for observation in practice and for engaging in its activities, should be instituted in all hospitals.

It was apparently this recognized lack of knowledge, and the importance of occupational therapy in our work that prompted the suggestion that one member of the staff of a hospital be employed to give his full time to this therapy. Such an arrangement was considered inadvisable by the committee for the reasons that no physician would give up his profession to become an occupational therapist. His interest is medicine in all its phases; and he would not give that up to become interested in just one therapy to his deterioration in examinations, diagnoses and treatments. There is also the added reason that to apply occupational therapy properly, the physician specializing in it would have to duplicate the study of patients already done by others, in order to understand the patient's occupational needs. Furthermore, such an arrangement would be depriving other members of the staff of the use of therapy that they should be as efficient in as they are in other therapies.

It would seem better to continue as we are: That is, the physician who has made the initial study of the patient should pay particular attention to that study of the patient's personality, his interests, and the etiological factors of his psychosis and discuss these with all the occupational therapists in conference, rather than write out a stereotyped prescription. This it is believed would be instructive and helpful both to physicians and to the personnel of the occupational therapy department, a most desirable accomplishment.

In the questionnaire sent to the directors, the committee neglected to ask for information that would give some idea of the means taken along the lines of stimulating an increase of interest and collaboration in the application of occupational therapy. Questions covering this desired information would be:

(1) Who of your occupational therapy personnel attend medical staff meetings?

(2) Are medical staff meetings held and conducted by the chief occupational therapist to show the results obtained by occupation, the projects completed, and reports as to the ways and means taken to accomplish results?

(3) What educational program in occupational therapy is carried out for the ward personnel and the personnel of industrial departments?

It seems to the committee that there is a lack of follow-up in all cases sent into the occupational therapy department and into hospital industries. The need, then, is to develop the cooperation and collaboration of the personnel of the whole hospital to the primary purpose of the hospital, namely, to improve the condition of patients for their discharge, and if that is not possible, at least to have them happy, contented and helpful. Your views are solicited.

The committee is certain that no director questions the value of music, and that its various phases should be under the occupational therapy department. It would appear from the reports received that the hospitals could profit in following the programs of the schools, for they are active in this form of recreation. Their advantage is in having music teachers, which no hospital has. The directors report some use of music, but there appears to be, in general, a lack of organization and continuous and sustained activity. Singing that is engaged in is referred to as community singing, indicating no training in chorus singing, except perhaps at Christmas time when training is given in singing Christmas carols. Seven hospitals have patients' orchestras that furnish music for dances, parties, playing on the wards, at picnics and on field days, etc. In some hospitals, music appears to be confined to radios and victrola records, and to pianos

used for marching, calisthenics, and even dances. One hospital employs an outside orchestra for its dances and parties. The committee recommends a music teacher for each hospital for the proper organization of music activities.

Three directors reported that the beauty parlors of their hospitals were not parts of their occupational therapy departments. Three hospitals, three schools, and both of the institutes reported having no position for beautician. That all institutions should have beauty parlors probably will not be questioned, but whether they should be a part of the occupational therapy department might be. One hospital reports that from 12 years experience of using the beauty parlors as a part of a therapeutic program in the rehabilitation of patients, this procedure has been most successful. The beauticians need training by occupational therapists on specific therapeutic application in certain types of cases, as those of the disturbed and regressed patients. Patients with special interest in and aptitude in this work have developed such efficiency that they have been able to obtain employment in it following discharge. The committee recommends that it be in the department of occupational therapy.

The last activity enumerated to be included in the department of occupational therapy is what one hospital refers to as the mending and salvage unit. It is of considerable economic value to the hospital and might not be so completely so if not under the supervision of the person in charge of occupational therapy. It is a unit where the older women patients go to repair destroyed articles and to salvage what remains of torn articles to make other things for hospital use. For example, pieces of three badly torn dresses could be used to make one good one, or pieces of a torn sheet might make a pillow case and smaller pieces, such as handkerchiefs. Many useful articles are made from clothing and bedding that have been condemned. This unit needs the knowledge the occupational therapists have of the use of waste material. The committee believes that this unit should be in the occupational therapy department.

As for facilities needed to carry on occupational therapy extensively and intensively as it should be carried on, the committee solicits the interest and consideration of the Department and the construction committee to see that space, rooms and buildings are provided in new construction and remodeling. On those types of wards caring for patients who cannot be taken to occupational therapy centers, there should be rooms directly off the dayrooms, the size depending on the census of the wards, to be utilized for occupational activities. On each service, there should be an occupational center or room of large size to accommodate the number of ambulatory patients able to leave various wards to be assembled in this center.

And, lastly, there should be an occupational therapy building or buildings, depending on the size of the hospital, with shops for men and arts and crafts facilities for women.

With these facilities, the individual institution setup of occupational therapy personnel would, roughly, be: a supervisor of occupational therapy in charge of all occupational therapy units, an occupational therapist in charge of each service, with its wards and center activities; with the same setup to apply to the preindustrial and the arts and craft shops. With such a setup, the number of occupational therapy workers would have to be increased considerably. Giving consideration to this, the committee gave thought to:

- (1) The present allowance of occupational therapy workers in the hospitals and schools;
- (2) The number of patients reached with this allowance;
- (3) The number on leave of absence;
- (4) The number of vacancies;
- (5) The number to be needed;
- (6) Recruitment of new employees;
- (7) The advisability of having a school or schools for the training of new employees for occupational therapy work.

From the reports received from the directors, it was found that there was considerable variation in the number of workers allowed each hospital. The numbers allowed in themselves mean nothing, because of the difference in the size of hospitals; but they become significant when the ratio of occupational workers to hospital patient population is computed. The lowest ratio in any hospital was 1 worker to 177 patients, and the highest ratio 1 worker to 971 patients. The average for 15 hospitals is 1 worker to 372 patients. In the institutes, the ratio is 1 worker to 20 and to 17 patients. In the schools, the lowest ratio is 1 worker to 175 patients and the highest 1 worker to 500 inmates.

What a proper ratio of workers to patients should be is as yet an undetermined figure. The committee would welcome your views. It might be possible to fix a definite number, but at the present time it would seem to be a varying figure within certain limits, dependent on the physical arrangement of the hospitals and the possibility of changes to meet the ideal.

As was natural to expect, it was noted that the more workers a hospital was allowed, the more patients received the benefit of occupational therapy, but it is obvious that all hospitals have a long way to go to reach all patients.

According to reported figures from directors, arts and crafts reached from 2.3 per cent to 16 per cent of the total patient population; shop work for men patients, where it is done at all and recorded as such, varied from a negligible figure to 5 per cent, and physical training from none to speak of to 29 per cent. The best showing is in recreation, such as attending movies, parties, picnics, plays, field days and ball games, all passive in nature for the majority—attended by 15 to 68 per cent of the patient population. In this, the schools rate high, the percentage ranging from 48 to 82.

These low percentages are accounted for chiefly by the low ratio of occupational therapy workers to the patient population of the hospitals and to reduced personnel, although this last would hardly apply considering the figures shown in the annual report of the department. This committee does not understand these figures in view of what was reported to the committee. They need further study.

As of November 1, 1944, there were in the hospitals 22 occupational therapy workers on leave of absence, and in the schools seven. These employees will probably return at the end of the war.

What should concern us are 51 vacancies at present that must be filled by recruitment. Of the 51 vacancies, one is for senior occupational therapist, 21 are for occupational therapist, 21 for occupational therapy instructor, and eight for occupational therapy aide.

Considering that the federal government has and will entice occupational therapists to its services because of its better pay for occupational therapists; considering that it is paying the tuition of students now in the accredited schools of occupational therapy with the understanding that the federal government will have their services for two years following their graduations; and considering that the number of accredited schools are few in number, a survey of the situation indicates that occupational therapy workers are not to be available to supply the needs of our hospitals and schools.

This being the situation, it behooves us to give thought and to act to help ourselves. By our own efforts, we must obtain occupational therapy aides with the standard senior high school education which is necessary for their advancement to the position of occupational instructors. How to promote worthy occupational instructors to higher grades becomes a problem. The civil service rules and the American Occupational Therapy Association require graduation from an approved school of occupational therapy. The question then is: Should the Mental Hygiene Department establish an accredited school of occupational therapy, involving the expense of organization, a teaching staff, expense of administration, housing facilities, etc? This establishment would hardly be warranted to obtain the number of

therapists needed above the grade of occupational instructor. Rather, it would seem better for the State to assist those found worthy to attain the necessary two years of college work for their advancement to occupational therapist, senior and supervisor. Your views on this are solicited.

The purchase of materials for use in the occupational therapy departments has always been from a revolving fund; that is, purchase of materials and, from the sales of finished products, the purchase of more materials. This financing has been questioned, and in its place has been advocated the purchase of materials by requisition, like other purchases of the hospitals. Another substitute advocated for the revolving fund was that the departments have sums of money appropriated for the use of purchase of materials, to be dispensed on requisition.

The thought behind these ideas was, apparently, to eliminate what is considered a common practice of occupational therapy departments, to have only productive patients in a department to produce finished articles that could be sold, so as to maintain a satisfactory amount in the revolving fund to continue the work of the department. It was thought that destructive patients would destroy more materials than the revolving fund could purchase.

The majority of the members of the committee questioned the validity of these views for the reason that patients able to produce salable articles would continue to do so; and destructive patients would be working chiefly with waste materials or would destroy very little of the purchased materials.

It was also the opinion of the majority of the committee that the purchasing of the materials should continue from the occupational therapy revolving fund as it is at present.

It was also suggested—to encourage patients to produce satisfactory articles—that a part of the profits be paid to them and that they be allowed to retain articles on paying the price of the material used in them. The majority of the committee disapproved of this for the reasons that occupational therapy would then lose its therapeutic value. No patient would be satisfied with the amount received; the patients would be in competition with one another, resulting in annoyance and disharmony. They would be wanting to make only those articles giving the best profit and refuse to work on anything else; and they might, perhaps, develop paranoid ideas against the occupational therapy personnel when inferior products were produced and could not be sold. Friction and discontent would be rampant.

A director expressed the view that the occupational therapy forms in use were too numerous and as some served no useful purpose, they should be eliminated. The committee reviewed the forms. They are:

(1) Form 130-Medical, *Administrative Card—Occupational Therapy*. This form is a summation of Form 181 and is satisfactory, as it gives on the form the progress made over the time the patient is in the occupational therapy department.

(2) Form 134-Medical, *Prescription for Occupational Therapy*. This form is still in use, but the committee believes it should be revised.

(3) Form 136-Medical, *Monthly Report of Movement of Occupational Therapy Patients*. This is a monthly report to the Department from which figures are computed for its annual report. It needs to be revised.

(4) Form 181-Medical, *Occupational Therapy Register*. This is a form for use in the hospital, is spaced for the names of patients, time they work each day, total hours, kind, grade of work, and project and progress made. It is from this form the therapist in charge of the occupational therapy departments makes her report to the Department.

(5) Form 135-Medical, *Progress Record—Occupational Therapy*. This form is comparable to the physician's continued note sheet and is for use of the person in charge of an occupational unit to record the patient's reactions. These notes can be of great value to the physician in his followup of his patient, if they are utilized as they should be.

Aside then from some revisions, the forms do not appear to the committee to be excessive in number and to serve no useful purpose. Your views are solicited.

In this report, as submitted, the committee has prepared what it considers a proper occupational therapy organization with the reasons for it.

The committee solicits what you approve and disapprove of the setup with your reasons.

Buffalo State Hospital
Buffalo, N. Y.

IN MEMORIAM---WILLIAM W. WRIGHT, M. D.*

BY GEORGE L. WARNER, M. D.

On Saturday, October 28, 1944, at St. Elizabeth Hospital, Utica, there passed to his reward a physician and a gentleman who had been long admired and respected by all who knew him. On November 1, 1943, he had retired from the directorship of Marcy State Hospital and had since devoted himself to the practice of neurology and psychiatry, making a valuable contribution to the community as a consultant in his specialty.

On October 17, 1873, William W. Wright was born of Canadian ancestry in LeRoy, and there, in Jefferson County, spent his early years. In 1895, he was graduated from Potsdam Normal School; and he served as principal of the village school in Bangor, N. Y., for four years before entering upon a medical career. He was graduated from the University of Michigan Medical College in 1904, following which he served an internship at St. Alexis Hospital, Cleveland, Ohio, where he was also assistant surgeon for the American Steel and Wire Company.

In September, 1906, Dr. Wright joined the staff of Buffalo State Hospital as a junior assistant physician and in February, 1912, was transferred to the Psychiatric Institute on Ward's Island as senior assistant physician. There he was associated in his work first with Dr. Hoch and later with Dr. Kirby. For six years, he was also connected with Cornell University Medical School, first as instructor in the department of psychopathology and later as chief of clinic at the Cornell Dispensary. During this period, he devoted much time to the study of neurology, his exceptional knowledge of which was later of so much value, both in his institutional work, as a teacher and as a consultant. In November, 1917, he became acting clinical director at Manhattan State Hospital and in August, 1918, returned to Buffalo State Hospital to an appointment as first assistant physician.

In February, 1924, Dr. Wright accepted a position as director of clinical psychiatry at Utica State Hospital, and in June, 1926, became first assistant physician at what was then the Marcy division. Four years later he was appointed superintendent of the uncompleted Pilgrim State Hospital and detailed to act as deputy medical inspector of the Department of Mental Hygiene. When on July 1, 1931, Marcy State Hospital became a separate unit, he returned as its first superintendent and successfully directed the activities of that institution up to the time of his retirement from the service. He also lectured in psychiatry at Syracuse University Medical College for several years.

*Read at the Quarterly Conference at the New York State Psychiatric Institute and Hospital, New York, N. Y., December 12, 1944.

Dr. Wright's contributions to psychiatry were noteworthy, some of his published articles being: "Etiology of Functional Psychoses," "Review of the History of Pellagra with Report of a Case," "Problem Children," "A Case of Paranoic Condition Presenting an Unusual Course and Final Recovery," "The Study of the Trend in a Group of Dementia Præcox Cases" and "Results Obtained by the Intensive Use of Bromides in Functional Psychoses."

In his capacity as superintendent, Dr. Wright built up an enviable reputation both as a psychiatrist and in the field of hospital management, and he was the author of many innovations which later proved of great value. His keen interest in research and investigation and his ability to stimulate others were outstanding. He was always a source of inspiration to members of his staff and was held in high regard and affection by the hospital personnel, all of whom mourn his loss. He is also mourned by many patients, whose interest and welfare were always foremost in his thoughts.

Dr. Wright will be sorely missed, not only by his associates in the hospital and in the State service, but by the community at large. His pleasing personality, his keen and sympathetic interest in his fellow man, his ability and always evident desire to contribute to the welfare of others, won for him a host of loyal friends. The very high regard in which he was held by the medical profession is reflected in the fact that he was in 1940 elected president of the Utica Academy of Medicine. He was also a member of the American Psychiatric Association, New York State Medical Society, Oneida County Medical Society, Oneida County Committee on Mental Hygiene and Utica Torch Club.

On October 23, 1912, Dr. Wright was married to Gertrude Webb of Granton, Ontario, Canada, who survives him, together with a son, Lieut. William Wright, at present serving with the United States Army in Belgium, and a daughter, Mary, at home; also a younger brother, Fred, of Marey, N. Y. We extend to them our sincerest sympathy and mourn with them the passing of a noble soul.

Marey State Hospital
Marey, N. Y.

MINUTES OF THE QUARTERLY CONFERENCE

OCTOBER 17 AND 18, 1944

The fall Quarterly Conference of the Department of Mental Hygiene was conducted at the Hudson River State Hospital, Poughkeepsie, on October 17 and 18, 1944. It was attended by 117 members and guests, including 26 directors and acting directors, four assistant directors, three medical inspectors, 25 business officers; and, of the central office staff, the deputy commissioner, assistant commissioner, business assistant to the Commission, chief child guidance psychiatrist, director and assistant director of psychiatric social work, director of statistics, administrative advisor, supervisor of purchase, farm consultant, director of reimbursement, chief account clerk, laundry consultant, secretary and assistant to the secretary of the Department.

The guests included C. Chester DuMond, commissioner, Department of Agriculture and Markets; Dr. Richard H. Hutchings, editor, *THE PSYCHIATRIC QUARTERLY*; Dr. Horatio M. Pollock, former director of statistics, Department of Mental Hygiene; Charles L. Campbell, administrative director, Department of Civil Service; Dr. Clarence O. Cheney, director, The New York Hospital—Westchester Division; Mrs. Laura Fitzsimmons, nursing consultant, American Psychiatric Association; Everett N. Mulvey, principal budget analyst, and Louis A. Liuzzi, Jr., junior budget examiner, of the Division of the Budget; John Higgins, deputy commissioner, George H. Brohm, assistant director of purchase; Frank Kortfield, Sr., executive assistant to the commissioner; Miss Katherine Carey, A. J. Courtney, F. A. Lique, Edward Ludy, J. Arthur Mann, Leo J. Murphy, C. Oschuetz, Joseph Ryan, John B. Sheehe, Mrs. Adelaide Tessier, and Austin Wolf, of the Division of Standards and Purchase; and the following staff members of the Department of Correction, J. Stewart Burton, acting chief of industrial bureau, Major Thomas J. Hanlon, superintendent, and Wilson B. Krom, industrial director, Institution for Male Defective Delinquents, Napanoch; Edward H. Luck, general industrial foreman, Sing Sing Prison, Ossining, and Mrs. Mary Viele. The Hon. Frederick MacCurdy, M. D., Commissioner of the Department of Mental Hygiene, presided.

COMMITTEE REPORTS

The first formal session of the conference—a joint meeting of the directors and business officers—convened on the morning of October 17 at the Pavilion, with Commissioner MacCurdy in the chair, for the purpose of discussing the reports presented by the following committees: Committee

on Statistics and Forms, Committee on Legislation, Committee on Revision of Handbook, Committee on Construction, Committee on Shock Therapy, Committee on Nursing, Committee on Home and Community Care, and Committee on Institutional Formulary.

After a brief greeting, Dr. MacCurdy called for the report of the Committee on Statistics and Forms, which was presented by the chairman, Dr. Harry A. LaBurt.

REPORT OF THE COMMITTEE ON STATISTICS AND FORMS

The Commissioner, the deputy commissioner and the Committee on Statistics and Forms met at 2 p. m. on June 27, 1944, at Central Islip State Hospital. The deputy commissioner, the assistant commissioner and the Committee on Statistics and Forms met in the office of the Department of Mental Hygiene, in Albany, at 2 p. m. on August 31 and at 2 p. m. on September 19.

The Committee on Statistics and Forms has been guided in its activities by the following main considerations: (1) to eliminate wherever possible forms that appear obsolete or unnecessary; (2) to combine forms of a similar nature so as to reduce the amount of reporting; (3) to revise reports so as to clarify their meaning.

With these thoughts in mind, the committee began a systematic examination of all the forms now listed as being used in one way or another by the Department and its institutions.

The committee considered revisions of Forms 45-Adm. and 46-Adm. Form 45-Adm. is the weekly list of admissions entered on the books of the institution. For 46-Adm. is the weekly list of patients removed from the books. It was recommended that the names of patients placed on convalescent care or of those who eloped be listed weekly on Form 46-Adm. and that the names of patients returned from convalescent care or from elopement be listed weekly on Form 45-Adm. This will make it unnecessary to submit separate monthly lists of discharges, convalescent care and elopements, and it is recommended that the latter reports (now submitted on unnumbered forms) be discontinued. It is also recommended that listings of admissions and removals by county of residence be discontinued.

Form 2-Adm. (certified information concerning a patient upon discharge, death, etc.). The committee recommends that this form be dropped and Form 23-Med. (or Form 23a-Med., or Form 23-Med. E) be substituted, with suitable modifications of the other forms to provide information with respect to convalescent care and condition on discharge.

Form 25-Adm. (director's order to the steward to pay for services) was declared obsolete and the committee recommended that it be dropped. This

is thought to be an individual hospital matter not requiring a departmental form.

The committee recommends that Form 26-Adm. (monthly average daily population) be dropped. The data with respect to average patient population may be obtained from Form 103-Adm. The data with respect to average number of officers and employees may be added to Form 169 (monthly personnel survey).

The committee recommends that Form 28-Adm. be eliminated. This form deals with notice of transfer within the hospital. The committee feels that the same information can be obtained from other hospital records.

Forms 32-Adm. and 33-Adm. (ward laundry lists for men and women) were thought to contain many obsolete items and terminology. These forms have been revised. Copies of the revised lists are appended.

Forms 40-Adm. and 41-Adm. (dealing with individual laundry books for men and women) have been revised in a similar manner. The committee raises the question, however, whether these do not duplicate Forms 32-Adm. and 33-Adm. and whether, therefore, it is not possible to dispense with the former.

Form 36-Adm. (dealing with visitors' passes) varies in makeup from hospital to hospital. There is a difference of opinion as to whether there should be a uniform pass or whether each hospital shall adopt its own form. Further consideration should be given to this matter.

The committee recommends that Form 52-Adm. (discharge or parole obligation form) be modified so that paragraph 3 should read as follows: "I also agree to return h—— to the hospital or to defray all necessary expenses in returning h—— to the hospital, if necessary."

Form 53-Adm. (social worker's card—convalescent care). The committee wishes to know whether a new report is made out each time.

The committee recommends that Form 56-Adm. (affidavit and service) be referred to the attorney of the Department of Mental Hygiene for correct wording so as to conform with the new certificate. In general, the committee recommends that wherever applicable the new terminology be substituted for the old. For example, "director" for "superintendent," "convalescent status" for "parole," "mentally ill" for "insane."

Form 64-Adm. (certificate of discharge). The committee wishes to know to whom this report is given.

Form 65-Adm. (employment card—gray). The committee is not entirely familiar with this form and wishes to have more information about it from the directors. In the meantime, the committee recommends that the reference to health be omitted and that religion, citizenship and birth date be added. The committee also recommends that the address of the correspondent be used instead of that of a friend.

Form 67 and 69-Adm. (referring to leaves of absence and requests for vacations). The committee recommends that these forms be dropped and that a new form be substituted for both to be called Form 67-Adm.

Form 70-Adm. (return of writ of habeas corpus). This form is referred to the attorney of the Department, since some of the patients will have been committed and others will have been certified.

The committee recommends that Form 71-Adm. (laundry list, staff) be discontinued.

Forms 77, 78 and 79-Adm. The committee recommends that consideration of these forms be deferred until the work of classification is complete.

Form 80-Adm. (application blank). The committee recommends a change on line 2 from 3 months to 9 months and also recommends that there be a change on page 2 of this form at the bottom from "late war" to "any war."

The committee raises the question as to whether Form 87-Adm. (notification to the Department of Mental Hygiene of a transfer of a patient) should not be dropped. Would not the listing of such a name on 45-Adm. suffice?

Form 90a-Adm. (superintendent's letter sheet). The committee recommends that this form be eliminated.

Form 92-Adm. (list of patients examined by medical inspector). The committee recommends that the lines be ruled in black instead of red.

Form 110-Med. (employee's record card—white). The committee recommends that citizenship and religion be added to this form.

The committee recommends that Form 130-Adm. be eliminated from the general list. This form lists desirable articles to be contributed to the hospital. The committee recommends that the closely associated form (96-Adm.) be continued. The latter form refers to the patients' need of clothing. The discussion of additional clothing forms, such as 72-Adm., 139-Adm., 140-Adm., is to be continued at subsequent meetings of the committee after consideration has been given to the present use of such forms in the civil State hospitals.

The committee recommends that Form 139-Adm. and Form 140-Adm. be eliminated. These forms deal with clothing for men and women upon transfer. The pertinent information on the reverse side of this form should be incorporated in Form 72-Adm.

The committee considered the revision of Form 101-Med. (restraint and seclusion order) and Form 102-Med. (daily restraint and seclusion record). The committee recommends that Form 102-Med. be discontinued and that the daily number of restraints and seclusions for male and female patients in the hospital should be recorded in a book in order to save paper and clerical work.

In view of the current shortage of personnel, it is often impossible to comply with paragraph 4 of General Order No. 34. Therefore, in order to eliminate the possibility of being charged in court with noncompliance with our own general orders, the committee recommends modification of this general order for the duration of the war.

The question was raised as to the legal time limit of keeping on file Form 58-Med. (attendant's daily report) and Forms 60-Med. and 61-Med. (medical daily report—white for male and blue for female), also Forms 101-Med. and 102-Med., as such reports accumulate and take up much space. It was decided to refer this question to the Attorney-General for an opinion.

The committee considered the simplification of the reporting of somatic diseases and defects to the Department. In accordance with the recommendations of the committee and with the approval of the Conference, the Department sent out Circular Letter No. 4731 instructing the institutions on how to modify the reporting of such diseases and defects so as to reduce the amount of work required.

Some of the institutions have listed in their annual reports the residences by counties of patients who have been discharged or who died, in addition to listing by counties the residences of patients who have been admitted or who are on the books. It is recommended that tables showing county of residence for patients who died or who were discharged be discontinued.

Dr. Pense presented a form dealing with an agreement to release a resident patient to another state. The committee recommends that this form be printed.

At the direction of the committee, Dr. Malzberg wrote to the United States Bureau of the Census asking for a reconsideration of the listing of general paresis as a principal cause of death in the International List of Causes of Death.

The committee recommended that General Order No. 31 dealing with the report of discharged patients be eliminated.

Respectfully submitted,

H. A. LABURT, M. D.,

Chairman, Committee on Statistics and Forms

Dr. LaBurt outlined the changes and recommendations made in this report and stated that Form 25-Adm. probably could not be eliminated, even though this was suggested, since there was a possibility that funds will be made available with which to pay discharged employees or those leaving the service. Form 28-Adm. is to be dropped, he said, but it was agreed that the institutions could use it until the present supply was exhausted or could have a similar one printed within their own institutions. It was

voted to reword Form 52-Adm. to include a specific sum of money deposited in advance, this money to be used for defraying the expense of returning a paroled patient to the hospital.

A further study is to be made of the decision to eliminate Form 130-Adm. by combining the desirable parts of it with Form 96-Adm., as a few of the directors felt that this form was a valuable means of tracing articles which are sometimes lost when patients are transferred from one ward to another. It was recommended that of Forms 101-Med. and 102-Med., only 101-Med. be retained. Because the information recorded on Forms 58-Med., 60-Med. and 61-Med. may be important in the event of a lawsuit, some directors favored their being kept on file for a period consistent with the statute of limitations. This is to have further consideration. Dr. MacCurdy congratulated the committee on the excellent work accomplished in the enormous task of studying all of the Department's forms. The committee planned further meetings to study the remaining forms and will make another report at the next Quarterly Conference, Dr. LaBurt said.

COMMITTEE ON LEGISLATION

Dr. John L. Van De Mark presented the following reports for the Committee on Legislation:

By direction of the assistant commissioner, a meeting of the Committee on Legislation was called for September 13, at 2 p. m., in the Albany office, to consider proposed amendments to the Mental Hygiene Law as submitted by Mr. Rickards, associate attorney.

The committee met in the Department's office at the designated hour. All members were present. Consideration was given to the following suggested amendments:

1. It has been proposed to make it possible for reciprocal arrangements to be made between localities and institutions located in those localities to assist in fighting fires and in so doing to protect the interests of the employees who might be injured in such activities. The committee approved of such legislation.

2. An amendment specifically permitting the Commissioner to transfer patients from Craig Colony to schools as occasion demanded was given considerable consideration and was finally accepted and approved by the committee.

3. An act, amending the Mental Hygiene Law, to make compulsory the reporting to the Department of Mental Hygiene by all physicians of cases of epilepsy, was given thorough and careful consideration with the result that the committee voted unanimously in opposition to such a procedure.

4. An amendment authorizing specifically family care procedures was recommended; and after thorough discussion of the need for such legislation, it was favorably accepted by the committee.

5. Legislation making possible the establishment of a fund to pay small claims which now can be adjusted only through the court of claims, was presented to the committee. This innovation was carefully considered, and the recommendation, coming through another department, was finally accepted with the limitation not to exceed \$300. Some members reserved final judgment as to the advisability of such procedure.

6. An amendment in regard to the interest on patients' money was recommended, and this legislation is held almost mandatory in the interest of clarity and practical application. The suggested amendment was approved.

7. Clarification of the authority of the treasurer in regard to personal property of patients which comes into his hands was recommended. This amendment has to do primarily with negotiable securities turned over for maintenance charges; and the committee was inclined to accept the recommendation and so voted.

8. Legislation requiring the fingerprinting of newly admitted patients was presented for discussion and while some members were in doubt as to the advisability of this procedure, five members of the six voted in favor and one dissented. It is the chairman's personal opinion that this legislation should be given careful consideration before being presented for enactment.

9. An amendment to the Mental Hygiene Law having to do with estimates was recommended to elucidate the setup as it now applies. Deletion from Section 38, subdivision 4, of the following words was recommended and approved: "From the comptroller on account of estimates." This may be necessary because of the fact that funds are no longer received by the treasurer from the comptroller for the purpose specified in the law.

Under this same heading it was recommended that the nomenclature be changed to correspond with the newly enacted statute, and this again has reference to phraseology that confuses the situation under the changed conditions. The committee voted favorably on this change.

In addition to the foregoing recommendations from members of the committee, other recommendations were given consideration, including changes in section 33 which would add to the mentally ill, the mental defective, and epileptic.

The question of community store funds was brought up for discussion in connection with the suggestion that unless enabling legislation was provided, the store funds might be confiscated. It was suggested and approved

by the committee that such legislation be tentatively drawn for approval at a later meeting.

As might be expected, several suggestive modifications and amendments of the Mental Hygiene Law were made by various members of the committee and others who were present at this meeting, but nothing definite or specific developed.

Respectfully submitted,

J. L. VAN DE MARK, M. D.,
Chairman, Committee on Legislation.

Another Committee on Legislation meeting was held at Hudson River State Hospital on October 16, 1944. All members of the committee were present, also Commissioner MacCurdy, Secretary Komora, and Assistant Commissioner Pense. The meeting was called to supplement the discussions and consideration of amendments to the Mental Hygiene Law as considered on September 13.

The subdivision of Section 34, relative to family care, was considered and approved with some modifications of the original wording.

An amendment to Section 38 by adding a paragraph authorizing the treasurer to reduce to cash certain securities, was accepted.

Subdivision, Section 10a was to be added to make possible for the Department to provide special medical and surgical treatment for patients in need of such treatment, at institutions other than the ones to which they are committed.

Subdivision 17 was added to Section 34 authorizing the development of community stores and adding a subdivision to the Finance Law, Section 121, authorizing the same procedure.

Section 35 was modified to meet the present Feld-Hamilton provisions. The changes recommended were largely in regard to living conditions.

Section 38 was amended to meet the changed conditions by omitting certain phraseology that is no longer applicable. Also, change of nomenclature to meet the new mental hygiene provisions was considered.

The same applies to Section 33 where the law refers to superintendents and insane—changed to director and mentally ill.

The amendments having to do with subdivision 14, Section 34, were made to simplify the handling of patients' funds.

Photographing and fingerprinting were given considerable thought, and the committee could not agree entirely upon this question. It was recommended that the institution of fingerprinting and photographing by law be deferred until public sentiment caught up with the developing trend in this matter.

The amendment to change Section 24a of the Mental Hygiene Law was accepted as recommended, which simplifies the procedure of maintenance costs for family care patients.

Ten amendments to Chapters 665-666, of the Laws of 1944, were recommended to simplify procedure and to remove the necessity of making reports to the Department that are impracticable. These amendments contain a clause making it possible for an officer, designated by the director, to certify patients admitted under the 60-day clause. This change is practically mandatory.

The committee opposed the repeal of Section 45 having to do with State Charities Aid visitors.

Amendments to the State Hospital Retirement Law, making available certain options similar to those in the Employees' Retirement System, were given consideration and while there was some difference of opinion, the majority of the committee was in favor of those provisions.

Amendments to Section 133 making possible the transfer of patients from civil hospitals to institutions in the Corrections Department, and the complementary change in Section 439 of the Corrections Law, were both given consideration and approved by the committee.

Amendments to change Sections 73 and 123 having to do with one physician certificates, were given consideration and approved with slight modifications.

An amendment to Section 8 of the Finance Law was suggested making it possible to settle small claims without the cost of time and money of court of claims proceedings, and voted favorably. It was suggested that payment of amounts up to \$150 might be provided to meet the situations that occasionally occur. Such legislation was recommended by the State Comptroller.

An amendment to Section 34 by adding a subdivision whereby directors of institutions could make agreements with the local authorities in regard to fire fighting, was recommended and approved by the committee.

The committee met at 8 p. m. and adjourned at 10:30 p. m.

Respectfully submitted,

J. L. VAN DE MARK, M. D.,
Chairman, Committee on Legislation.

In the ensuing discussion, there was some divergence of opinion regarding the proposed legislative amendment which would require photographing and fingerprinting of patients upon admission to any institution of the Department. Dr. MacCurdy said it was still an unsettled question but, since the general trend outside was toward fingerprinting, he did not believe the Department should resist the idea too strongly.

Several of the directors disapproved of the repeal of Section 45 having to do with State Charities Aid Association visitors to State mental hygiene institutions, as they felt these visitors were interested people who helped to keep the community enlightened about conditions within the institutions. A vote, however, indicated that the majority favored repeal. The Commissioner explained that the only question, so far as the Department is concerned, was the feeling on the part of the visitors as to the quasi-official character of their powers of inspection, which is not directly related to the Department or its work. He felt we would be in a better position to judge the value of these inspections to the public and to the institutions if the Department received the reports of these boards of visitors, as we receive the reports from our own boards of visitors. The subject, he said, should be considered carefully from all angles before any definite recommendations were made.

Mr. Doran answered inquiries about the amendment to the State Hospital Retirement Law. He explained that this was a resubmission of that part of the bill, which was passed last year but was vetoed by the Governor, that provided options on retirement, as are now available to members of the State Retirement System. The primary reason for the legislation, he said, was to protect members who, after 25 years of service, died within 90 days after retirement. Since they had drawn retirement pay, their estates would lose, under present conditions, all the contributions which they had made during membership in the system. This situation has occurred frequently, and correcting it would be a matter of simple justice. A question was raised as to why reference to maintenance was eliminated in the section it was proposed to amend, while it was allowed to remain in other sections of the law. Mr. Doran replied that the consideration of maintenance as a factor in computing retirement allowances was pending before the Attorney-General, from whom an opinion was expected, and, if this opinion proved favorable, no further legislation would be necessary to correct it.

Dr. Cheney questioned inclusion in the statute of the provision for 60 days detention of a patient admitted on a voluntary application, since practically 75 per cent of all patients admitted to private institutions, he said, came on a voluntary basis. When patients discover that they can be held for 60 days, he said, he feared that they will often refuse to accept the terms. Dr. MacCurdy said this matter would be taken under advisement.

COMMITTEE ON REVISION OF HANDBOOK

Dr. Storrs, chairman of this committee, stated that a formal report was not prepared because of the time element involved. Instead, all concerned received copies of the general orders, which included the revisions and ad-

ditions, and Dr. Storrs asked for opinions and suggestions from the floor. The committee, he said, was planning to publish the handbook in three sections; the directory, which is to come out twice a year in order to keep the changes in personnel, addresses and other information up-to-date; the Mental Hygiene Law, which will be revised once a year after each legislative session; and the general orders, which will be revised when and as necessary. Some of the orders were selected for discussion, and several suggestions were made as to rewording. Most of the proposed revisions were approved; others were referred back to the committee for restudy and correction.

A motion was adopted to have the committee renumber the general orders, retaining the same numbers for a few of those more generally used and recognized, such as number 10.

Dr. MacCurdy requested the directors to send in letters at once if there were any other topics which they felt should be dealt with under general orders.

COMMITTEE ON CONSTRUCTION

The report of the Committee on Construction was presented by the chairman, Dr. Harry J. Worthing:

The Committee on Construction met with Commissioners MacCurdy and Bigelow and Mr. Arrowsmith at the Psychiatric Institute on July 17, 1944.

Among the topics brought up for consideration was the construction of a reception building at Utica State Hospital in connection with the medical and surgical building. The committee was asked to make certain recommendations as to the size of the building, the type of wards, etc. Based on an admission rate of 50 patients per month, a building to accommodate 248 was considered of satisfactory capacity.

The committee suggested that such a building have four wards for each sex with a capacity as follows: reception ward for 40 patients, disturbed ward 24 patients, semi-convalescent 30 patients and convalescent ward 30 patients.

The committee recommended that the dormitory space of the building be apportioned so that there would be 16 single rooms and an eight-bed dormitory for disturbed patients, 10 single rooms, two eight-bed dormitories and one 14-bed dormitory for reception, six single rooms and four six-bed dormitories for semi-convalescent patients, and 10 single rooms and 10 double rooms for convalescent patients.

The question of the length of stay of a patient in the reception building was discussed; and through the exchange of experience, it was determined that as a basis for calculating size, capacity, etc., the committee believed that the average residence could be determined as four to five months in

the reception unit, with the exception of senile patients who would be transferred quite promptly to the infirmary group.

The committee was asked to discuss the advisability of admission buildings in an institution for mentally defective patients. Dr. Storrs advanced the idea that, in admitting children to an institution, their adjustment to the institution as quickly as possible was one of the most important factors. From his experience, he believes that a child should be admitted directly to the group of his own type so that this adjustment will take place rapidly. New patients can be sent from their permanent quarters to centers for special examination, immunization, etc. Should admission buildings be built in institutions for mentally defective patients, it would be necessary to receive in the buildings children of all ages and of all degrees of mentality. Such a building would therefore require a number of rooms in which children would be housed all alone, and this would create a bad influence on new admissions, increasing homesickness and interfering with the adjustment that Dr. Storrs believes is very important for these children. The committee believes that the system used at Letchworth Village is for the best interest of the children and that the committee could not therefore recommend the erection of admission buildings in institutions for mentally defective children.

The building of storehouses was discussed by Mr. Arrowsmith. It was pointed out that the Post-War Public Works Planning Commission was desirous of certain information so that private architects could begin the preparation of drawings.

The committee is of the opinion that, in the past, storehouses have been too small and that additional storage space has not been constructed to keep pace with the growth of the institutions and that it would be well at this time to determine the ultimate size of the institution and build the stores to take care of the extended capacity. This question should be determined for Middletown, Hudson River and Gowanda in the near future.

Another question considered was whether all merchandise handled by the institution should be centralized in an area. This does not necessarily mean under one roof, as has been done at Willowbrook State School, but in an area easily accessible to the storekeeper. In the older institutions, it may not be practicable to centralize all stores, but the committee is of the opinion that wherever possible it would be well to centralize to the greatest possible extent. The committee approved the following recommendations: the central placement and central control of all merchandise including refrigerated goods, dry goods, household goods, clothing, maintenance stores, as well as the centralization, in the same area, of the bakery, pasteurization plant, canning factory, vegetable preparation room, quick freeze vegetable

preparation facilities and the industries—the whole to constitute a general stores area.

The committee advocates the placement of the stores area on a railroad spur as near as practicable to the power plant, industrial shops, and maintenance shops. The committee is of the opinion that the buildings should be of loft type, consisting of basement, two floors and available space under the roof, with elevator serving the attic or roof space and with as few built-in partitions as possible; that meat boxes for raw meat should be capable of storing from one and one-half to two cars of beef, depending on the size of the institution; that an ice cream manufacturing room and an ice cream hardening room should be connected with stores in all institutions. It was also recommended that a refrigerated room for woolen goods be included in each of the stores.

The committee was of the opinion that a special study should be made of the uses of quick freeze in its application to institutions. At this time, it is not well established whether the quick freeze principle will outmode the canning of vegetables and whether the cost, the area needed for storage, etc., are of such importance as to call for planning these facilities in all new setups. The committee is of the opinion nevertheless that there should be available space for mild refrigeration and storage of surplus crops.

It is also recommended that a study should be made of the feasibility and the practicability of the fast freezing of pork. At certain institutions, there are times when pork could be butchered, frozen and stored, thus making a considerable saving in feed bills.

As a general matter for consideration, the committee recommended that buildings have pitched roofs, no gutters and no leaders.

The committee has been asked to express its opinion as to the maximum bed capacity for an institution. The topic was discussed, but it was thought advisable to obtain the ideas of the various directors before the final recommendation was made. Letters have been written to the directors, and a report will be made at the next conference.

Another meeting was held at the office of the Department of Mental Hygiene in Albany on September 29, 1944, and the committee was asked to consider space requirements for the following several buildings to be erected under the Post-War Construction Program: building for 480 disturbed patients at Binghamton State Hospital; assembly hall and chapel for 1,200 patients at Binghamton State Hospital; building for 1,300 additional tuberculous patients at Central Islip State Hospital, and a children's group consisting of four cottages at Marey State Hospital.

Respectfully submitted,

HARRY J. WORTHING, M. D.,
Chairman, Committee on Construction.

COMMITTEE ON SHOCK THERAPY

Dr. Clarence H. Bellinger presented the following report for the Committee on Shock Therapy:

A meeting of the Committee on Shock Therapy was held at 7:30 p. m., October 16, 1944, at Hudson River State Hospital.

Those present were: Dr. Clarence H. Bellinger, chairman, Dr. John R. Ross, Dr. I. Murray Rossman, Dr. Irville H. MacKinnon, Dr. Henry Brill, and Dr. Christopher F. Terrence.

Considerable discussion was had relative to the formulation of uniform procedures for shock treatment in the various institutions and also regarding the preparation of standard forms for the recording of treatments. It was decided to hold another meeting of the committee on October 26, 1944, at 1:30 p. m. at the Psychiatric Institute in New York City, at which meeting each of the members who are actively engaged in the treatment of patients will present a report covering the technique employed by them in the administration of shock therapy and also recommend a method for the recording of the same. Another meeting will be held at 10 a. m. on November 2, at Brooklyn State Hospital, at which time the committee hopes to complete the formulation of methods of procedure for the administration of shock therapy in the various institutions and also to complete a form or forms for the recording of the same, the latter to be submitted to the Committee on Statistics and Forms prior to the conference to be held in December.

The matter of taking motion picture films covering the various types of shock treatment in State hospitals was given further consideration and it is hoped that some arrangements can be made at a later date, whereby colored films can be taken of the various forms of shock therapy.

The committee recommends that periodic conferences be held for members of the various staffs who administer shock treatment, thereby affording them opportunity for an exchange of ideas regarding the methods of treatment employed by them in the hope that the technique will be improved and become standardized in the various institutions.

Respectfully submitted,

CLARENCE H. BELLINGER, M. D.,
Chairman, Committee on Shock Therapy.

COMMITTEE ON NURSING

The report of the Committee on Nursing was presented by the chairman, Dr. J. A. Pritchard:

The committee met in Utica on September 22, 1944, also with Commissioner MacCurdy on the evening of October 16, and on the morning of October 17, with Mrs. Laura Fitzsimmons, nursing consultant of the American Psychiatric Association, at Hudson River State Hospital.

The committee has no formal report to submit as some matters are still under consideration by the Department, but the following were among the topics discussed:

1. The rescinding of the rule of the schools of nursing that gives students the privilege of using sick time as vacation, and of placing them on the same basis as all employees.

2. The desirability of changing the title given by the Department of Civil Service of "Principal of the Nurses' Training School" back to "Principal, School of Nursing."

3. The rescinding of the requirement of two years graduate experience before a staff nurse can be eligible to be appointed as head nurse.

4. The calling of the attention of directors and principals to the great desirability of assisting suitable graduates to secure federal scholarships in advanced nursing which are available at various colleges, and which would help materially to qualify them for teaching positions in the schools of nursing.

5. The number of students admitted in September to the various schools of nursing was 164 women and three men, and the total number of students in training is 194 seniors; 157 juniors and 190 freshmen, the latter including students admitted in February classes.

Respectfully submitted,

J. A. PRITCHARD, M. D.,
Chairman, Committee on Nursing.

Dr. MacCurdy then introduced Mrs. Laura Fitzsimmons, an authority on psychiatric nursing, who is to aid the Department in developing its nursing program.

Mrs. Fitzsimmons reported briefly on her visits to numerous mental hospitals in the United States and Canada during the past two years, in connection with a survey undertaken by the American Psychiatric Association under a grant from the Rockefeller Foundation. She spoke encouragingly of the nursing situation in New York State, mentioning the fact that of the 1,307 schools of nursing in the country, 32 basic schools were connected with mental hospitals, and that 17 of these were in New York State. The proportion of graduate nurses to patients in the hospitals of this State is comparatively high, it was pointed out, the ratio being one graduate nurse

to every 100 patients, compared to one nurse to every 400 patients elsewhere.

Mrs. Fitzsimmons expressed the belief that a national trend is developing in this country toward the training of practical nurses. This movement has the approval of the American Nurses' Association and the National League of Nursing Education. She hoped the practical nurse would prove to be a valuable source of service to mental hospitals.

There is difficulty in obtaining instructors for the schools of nursing, Mrs. Fitzsimmons said, and in this connection she mentioned the courses now being established in certain universities for the graduate group of nurses, which include psychiatry and the principles and methods of teaching, thus preparing graduate nurses to become instructors. Mrs. Fitzsimmons is preparing a syllabus for the training of attendants, which is to be published by the Rockefeller Association and sent to each hospital without charge. An enormous amount of nursing is done by this group, she said, but very little attention is paid to the training of attendants, not only because the nurses have little time to teach them but because there are no adequate textbooks.

COMMITTEE ON HOME AND COMMUNITY CARE OF INSTITUTION PATIENTS

Dr. Wearne presented the following report for the Committee on Home and Community Care of Institution Patients:

On September 1, 1943, the State hospitals listed 1,154 family care patients and in September of 1944, 1,135 patients were listed, showing a decrease of 19. In September, 1943, the State schools had 565 patients in family care and one year later 620 patients, which was an increase of 55. The total increase in all institutions for the year was 36.

Certain war conditions have greatly interfered in placing as many family-care patients as we would like. The shortage of doctors, social workers, family-care homes, and transportation facilities has produced a vicious circle. In prosperous times, family care mothers find more lucrative positions elsewhere. They are more apt to be looking after their grandchildren than after psychotic or mentally defective patients.

Transportation difficulties are illustrated by one institution where there was a delay of five days in returning four sick patients to the hospital because the hospital ambulance was broken down.

Some house mothers have complained about the tardiness in receiving their reimbursement checks. These women usually operate with a very small capital and have great difficulty in purchasing supplies when they do not receive their checks.

The committee has been working on the preparation of a manual of family care procedures. After a discussion with the Department the committee will be ready to submit it.

Respectfully submitted,

RAYMOND G. WEARNE, M. D.,
*Chairman, Committee on Home and
Community Care of Institution Patients.*

In this connection, Dr. MacCurdy mentioned Miss Hester Crutcher's new book, "Foster Home Care for Mental Patients," published by the Commonwealth Fund, observing that it contained a great deal of up-to-date information on this important subject.

COMMITTEE ON INSTITUTIONAL FORMULARY

The report of the Committee on Institutional Formulary was presented by Dr. Terrence:

The meeting of the Committee on the Institutional Formulary was held on September 28 at the offices of the Department of Mental Hygiene. The meeting convened at 2 p. m. and adjourned at 10 p. m. The committee consists of the following members: Dr. Hubbell of Newark State School, Dr. Slaght of Rochester State Hospital, Dr. Miller of Rockland State Hospital, Dr. Laatsch of Craig Colony, Mr. Gurry, pharmacist of Marey State Hospital, and Dr. Terrence of Buffalo State Hospital, chairman.

During part of this meeting, Commissioner MacCurdy and Deputy Commissioner Bigelow were present.

The purpose of this committee is to prepare a handbook for use in the various institutions of the Department of Mental Hygiene. This formulary shall contain a list of drugs and prescriptions that are practical and effective in the treatment of our patients. At the present time we have completed the preliminary work on sedatives, laxatives, purgatives, drugs and preparations used in the treatment of eye, ear, nose and throat conditions, counter-irritants, ointments used primarily in dermatology, powders and lotions.

Our primary aim in compiling this handbook is to cover the needs of the various institutions adequately, effectively and with the minimum of expense. Additional meetings will be held during the next three months so that a tentative formulary can be compiled for distribution to the directors before the next conference.

Respectfully submitted,

CHRISTOPHER, F. TERRENCE, M. D.,
Chairman, Committee on Institutional Formulary.

The morning session adjourned after Dr. MacCurdy outlined plans for the formulation of a new committee, to be known as the Committee on Standards and Specifications, which is to include representatives of other departments, such as the Department of Public Works and Standards and Purchase, as well as the Department of Mental Hygiene. Its purpose is to set up specifications and to standardize the various products and types of equipment to be installed in mental hygiene institutions under the postwar building program. This should simplify the problems of upkeep, replacement and purchase, Dr. MacCurdy said.

DINNER MEETINGS OF THE DIRECTORS AND BUSINESS OFFICERS

The afternoon was devoted to recreation and to an inspection of the hospital and an exhibit of institutional equipment and occupational therapy set up in the administrative building. That evening the directors held a dinner meeting at the Pavilion, at which Commissioner MacCurdy presided. The guest speaker was Dr. Richard H. Hutchings, editor of *THE PSYCHIATRIC QUARTERLY*, who discussed historical aspects of the development of institutions of the Department and some present-day problems. On the same evening, the business officers held a dinner at the Nelson House, in Poughkeepsie, at which Daniel J. Doran, business assistant to the Commissioner, presided. Tributes were paid to Edward S. Graney and Andrew J. Delaney, business officers of the Binghamton and Hudson River State hospitals, respectively, who were retiring from the Department after many years of faithful and efficient service, and parting gifts were presented to them.

After dinner, the directors and business officers assembled at the Pavilion for the showing of a motion picture, titled "Psychiatry in Action," depicting the treatment of war neurosis cases in a British army hospital.

SECOND MORNING SESSION

The conference reconvened the following morning, the directors assembling at the Pavilion for an administrative round table, conducted by Dr. MacCurdy, and the business officers holding a conference at the clubhouse, conducted by Mr. Doran, at which business matters were discussed.

The directors' round table dealt with institutional training for occupational therapy aides, mutual transfers between the Departments of Mental Hygiene and Correction, physicians' fees with respect to annulment actions, leaves for delegates to meetings of employee organizations, duties of coroners and autopsy procedures, certification procedures, accidents to visitors, and other psychiatric and administrative topics.

INSTITUTIONAL TRAINING SCHOOLS FOR OCCUPATIONAL THERAPY AIDES

Discussing a suggestion that had been made that centers for the training of occupational therapy aides be set up in certain of the institutions, Dr. MacCurdy told of occupational therapy courses now being established at Hunter College, at Columbia University and elsewhere which would offer actual experience as well as academic study in this field. He believed this to be a practical method of teaching occupational therapy and thought places could be found in our institutions for trainees who could serve as occupational therapy aides during their months of field training. Several directors were of the opinion that attendants in our own institutions should have opportunities for advancement by entering this field if they so chose, regardless of their educational backgrounds, provided they were temperamentally suited for occupational therapy work. Dr. MacCurdy proposed the appointment of a committee to study the subject and to make recommendations.

FILING FORM 158 AND 159

In a discussion of Forms 158 and 159, it was decided to handle them separately, instead of filing both forms in the patient's folder, as they serve different purposes. The report of a patient's escape or injury, where an employee may be involved, should be filed in the patient's folder, while any disciplinary action taken should be recorded on a form placed in the employee's file. So that the keeping of records in such cases may be uniform in all of the institutions, Dr. MacCurdy proposed appointing a committee to review the matter.

MUTUAL TRANSFERS BETWEEN THE DEPARTMENTS OF MENTAL HYGIENE AND CORRECTION

Certain changes in the Mental Hygiene Law and the Correction Law were recommended for the purpose of facilitating transfers of patients between institutions of the Department of Mental Hygiene and the Department of Correction, without the necessity of court procedures. Patients received from Matteawan State Hospital have caused little or no difficulty, it was stated, but the Department's policy has been opposed to receiving patients, whose sentences have expired, from Dannemora State Hospital, because they were often not considered suitable for our institutions. Dr. Ross, who was superintendent of Dannemora for eight years, recalled, however, that 80 per cent of the Dannemora patients were suitable for care in our hospitals, and he was confident that the superintendent there would not recommend a patient for transfer unless he considered such a patient a safe risk for civil institutions. The majority of the directors favored such

transfers. It was decided to defer transfers from Dannemora until the postwar period when our staffs and facilities would be more adequate. Meantime, Dr. MacCurdy requested the directors to give further consideration and study to the subject and to send in their views and opinions.

PHYSICIANS' FEES IN ANNULMENT ACTIONS

Although the State hospital physician appointed in proceedings for marriage annulment ordinarily takes full responsibility for the examination of a patient, prepares the report, and frequently is the only one to testify, the outside physicians appointed to the commission are the only ones receiving a fee. The directors felt that this was an injustice, that advantage was being taken of our physicians without recompense for their time and services, and that they should receive fees, regardless of whether they testified. Dr. MacCurdy observed that in many instances this situation is working to the detriment of the State and that usually proceedings are instituted in the interests of private individuals, and without benefit to our patients. Dr. Bigelow said that the trouble with the whole situation is the fact that the judges rely largely on the opinion of State hospital physicians, since most outside physicians are not qualified psychiatrists. It was suggested that the question be referred to the Attorney-General for an opinion as to how much responsibility is required of the State hospitals in such cases and whether there are any legal bases preventing our physicians from accepting fees for their services.

LEAVES FOR OFFICIAL DELEGATES

The problem of leaves for attendance at meetings of employee organizations was discussed, and it was agreed that some rule should be formulated to govern the granting of such leaves. The following policy was adopted. Official delegates of all accredited employee groups will be allowed to attend official meetings, with the following "ceiling" for each group at each institution: Two delegates may go to each of three meetings a year, without loss of pay or time, if they show proper credentials for making the request and the length of leave is specified. If more than two delegates from an institution wish to attend the same meeting, they will have to do so on their own time provided permission is granted by the director.

DIRECTORS AS PETITIONERS

Whether directors should act as petitioners in the transfer of patients from one institution to another was the burden of the discussion under this heading. This continues to be a moot question, notwithstanding the fact that the Mental Hygiene Law provides that in certain circumstances the

director may act as petitioner, and the Attorney-General, in 1941, rendered an opinion to this effect. The problem was considered from several angles. As the discussion was inconclusive, it was decided to leave the matter *in statu quo* pending further study of the legal and procedural complications, as well as questions of policy, that were involved in the issue.

DUTIES OF THE CORONER AND AUTOPSY PROCEDURES

In discussing this subject, Dr. MacCurdy recalled some difficulties that had arisen in coroner's cases involving autopsy procedures. He said that we do not have enough autopsies, and our hospitals must be protected respecting those that are performed. The coroner, he pointed out, had no legal authority to order an autopsy over the telephone, as has happened, and the State is exposed to claims in such cases. In a recent court decision, it was held that the coroner must appear in person, make a formal or informal inquiry to determine whether an autopsy should be performed, and then delegate a State physician or some other physician to perform it. In that way, the Department is legally protected. A directive would be issued on this matter, Dr. MacCurdy said.

CERTIFICATION PROCEDURE

Several questions were raised in connection with the changes in admission procedure enacted by the last legislature, and certain difficulties were cited by the directors in carrying out the provisions of the new law. For example, it was not clear, from the wording of the statute, whether cases of delirium tremens were admissible to State hospitals on a health officer's certificate. There was also ambiguity with regard to the period during which patients could be held on the emergency admission. These and other problems were met with in following the new procedures, and it was reported by the Commissioner that amendments would be proposed to the next Legislature to clarify and correct certain provisions of the law governing admission procedures, and that some of the new admission forms would be further revised.

PATIENTS AS GUESTS

The practice of admitting patients temporarily under exceptional circumstances, without proper admission papers, was brought into question, and Dr. MacCurdy pointed out some of the legal risks involved. Some instances were cited in seeming justification of temporary care in emergency situations, as when a patient became disturbed while on convalescent status, and it was necessary to admit him to another hospital than the one from which he was paroled. Dr. Bigelow suggested that as general orders have

the force of law, it would be possible to place in a general order a statement to the effect that any hospital may receive temporarily a patient who is on convalescent status.

Dr. MacCurdy spoke of the trouble the Veterans' Administration Facility at Northport was having because many veterans enter the hospital without proper papers. In this connection, he mentioned a law in Indiana, which seems to be working smoothly, that requires the nearest army or veterans' hospital to admit the veterans after examination by members of the staff, after which the patient is sent to the Veterans' Facility. A similar enactment, he suggested, might be considered in this State to protect both the individual and the institution. He also suggested that an appropriate order might go out from the Department to cover patients coming to hospitals for shock therapy, in the case of patients who must be kept over night and for whom perhaps some form of voluntary admission should be arranged. In general, it was felt, the admission of patients without proper papers should be avoided, though the possibility of legal provision for exceptional situations warranted further study.

ACCIDENTS TO VISITORS

Dr. MacCurdy cautioned that every accident to persons visiting institutions, that had any medical implications whatsoever, should always be reported to the Department. These reports, he said, should be carefully worded. They should convey full information as to what happened, including the names and addresses of any witnesses, what the physical examination showed, what treatment was given or offered for any injuries, and a description of the site at which the accident occurred. The physician, he stressed, should report only what he actually found on examination. If an X-ray is needed and is refused, a certified statement to this effect should be made by the physician, nurse or whoever is present when this occurs.

SCIENTIFIC SESSION

The morning session of the directors closed with the presentation of a paper by Dr. Donald W. Cohen of the Department on "Long Range Prognosis of Child Guidance Clinic Cases." Dr. Arthur W. Pense, assistant commissioner, presided. Dr. Cohen's paper reported the results of a study of the present adjustment of children studied at clinics five years ago. (See page 20.)

CONFERENCE OF BUSINESS OFFICERS

The estimate system and suggestions for improving the operation of it were the main subjects discussed at the business officers' meeting, at which Daniel J. Doran, assistant to the Commissioner, presided.

Although several attempts by legislative enactment have been made to repeal the law providing for quarterly estimates, it would be disastrous to do so, Mr. Doran said, unless some other method of central control were devised to replace it. With respect to this, Mr. Doran mentioned the work Mr. Arrowsmith is doing on a system of merchandise control which may develop into a substitute for the estimate system.

Mr. Whitney, senior business officer of Wassaic State School, presented a paper on proposed changes in the estimate system in which he recommended that estimates be submitted on a semi-annual basis rather than quarterly. It was agreed that changing to a semi-annual estimate would be considered with the intention, if possible, of making it effective at the beginning of the next fiscal year. Mr. Whitney also recommended that some of the supplemental estimates and reestimates be dispersed with, particularly when made necessary by changes in unit price, and that quantity and total cost be the governing factor. Mr. Doran said the latter suggestions could not be followed because of present conditions and the existing law.

Other matters discussed were the problems encountered in centralized billing of reimbursing accounts and the making of soap in the institutions.

In closing, Mr. Doran cautioned the business officers to give careful consideration to the filling in of questionnaires sent out by the Division of the Budget, so that the replies would be informative. He stressed that these replies were being used by the Division of the Budget in fixing the supplemental allowance for the current year and in determining the appropriation to be provided for the ensuing year. Accurate statements, he said, were absolutely essential and any contributing factors not apparent from an examination of the figures presented should be carefully stated.

FINAL SESSION

After luncheon, the directors and business officers participated in a joint round table discussion, at which the following topics were considered:

FOOD HANDLER EXAMINATIONS

Dr. MacCurdy declared that the Department should maintain its standards with regard to routine examinations of employees and patients who are handling food, irrespective of the requirements of the New York State and New York City Departments of Health, which do not demand certification of all food handlers. The institutions, he said, should do the best they can with their present facilities and medical personnel and should report every epidemic or potential source of infection to the Department.

FUNERAL AND BURIAL SERVICES

Among postwar projects, it is proposed to place chapels in proximity to the morgues to enable relatives to hold whatever types of burial service are desired. In the meantime, the directors were asked to arrange suitable temporary quarters, or to transport bodies to appropriate places where services can be held.

RECLASSIFICATION

The following progress report, received from J. Earl Kelly, director of classification of the Department of Civil Service, was read by Mr. Komora:

Progress Report on Mental Hygiene Appeals

Just one year ago (October 19, 1943) the Classification Board commenced the immense task of hearing over 3,600 appeals for title changes filed by employees in each of the 26 mental hygiene hospitals and schools of the State. As this report is published, the board is engaged in the hearing of appeals at Kings Park State Hospital. The completion of those will bring the total number of hearings held during the year to slightly more than 2,700. Considering the fact that for about two and one-half months last winter the board had to remain continuously in Albany and practically abandon the mental hygiene hearings in order to service the classification needs of other departments, we have, on the average, held about 300 hearings each month. Combining the time consumed in reviewing close cases, discussing recommendations with the Division of the Budget, adjusting payroll records and conferring with officials of the Departments of Mental Hygiene, Civil Service and the Budget regarding general classification policies, tracing work assignments for the purpose of safeguarding the rights of employees in military service and answering voluminous correspondence, it is readily apparent that the related work which follows the hearing of the appeals requires as much, if not more, time than do the hearings themselves.

For the past several months each of the two boards members has been concurrently hearing separate calendars during the usual daytime working hours and meeting in evening sessions as a board to determine the appeals heard by each that day. This procedure has effectively increased the pace at which the job has proceeded. Notices of the decisions on their appeals have been sent to about 85 per cent of the employees already heard. The remainder have not been advised of the board's decision for various reasons; some involve policy determinations which cannot be completely settled; and others hinge upon factors such as interpretation of the law, military leaves,

further classification of duties, etc. As soon as determinations on these cases can be made, appropriate notices will be sent to the appellants.

The employees of institutions which have not yet been visited by the board are becoming increasingly impatient. This is quite natural and we can readily understand their feelings. Until we can actually adjust their classifications, we at least assure them of our sympathetic understanding; more than that, we here furnish them with some facts which must be convincing proof that everyone concerned is trying hard to make the mental hygiene classifications as nearly correct as possible.

Of the total of the appeals already decided, about one-half have resulted in upward reclassifications. The Classification Board has denied practically all of the remainder. A good many denials were made because the sole basis offered in support of the appeal was insufficiency of salary. The Classification Board does not have the authority to change salary grades. While we are counting these as denials, probably we shouldn't—on the theory that the appeals in the first instance were misdirected.

The Director of the Budget has accepted practically every recommendation made by the Classification Board. Some are held in abeyance pending further study and discussion. In the main, the Division of the Budget has relied very thoroughly upon our findings, undoubtedly because we have had the benefit of actually discussing with each employee the duties of his position and his reasons for asking that a change in title be recommended. Of necessity, through the hearing of several appeals in each department of an institution, the relationship of one job to another has been clarified in such a manner as could not otherwise be accomplished except through the hearing procedure. The Budget Director's confidence in our findings has not only been most reassuring, but has been a significant factor in moving the job along as quickly as it has proceeded up to this point.

The Civil Service Law provides that any employee who disagrees with the decision of the Classification Board may apply to the Civil Service Commission for a rehearing of his appeal. The president of the Civil Service Commission, in an appropriate announcement promulgated some time ago, has called this provision of law to the attention of the mental hygiene employees and has assured them of its full application. It is encouraging to report that less than 100 employees have asked for a rehearing by the commission. This is fair evidence that everyone concerned is carefully trying to correct the errors which were made in setting up titles on October 1, 1943.

From time to time, employees have been reminded that all reclassifications are retroactive to October 1, 1943, and that if, through a mistake in classifying his position, an employee has lost any pay, he shall be reimbursed to the full extent of any such loss. This policy has been consistently

and strictly followed and will be continued for the employees whose appeals are still to be heard.

We confidently hope that around the beginning of the year we will have completed all of the hearings and will be ready to undertake some necessary review work which must be done. During our progress in this work, several ideas which appeared to be sound at the outset have been abandoned and, with the increased experience gained through the hearing process, we have changed our thinking on certain classifications; consequently we must scrutinize very carefully the recommendations which we have already made both approving and denying appeals of the employees in a few institutions which were among the earliest visited.

Not to comment upon the cooperative spirit of the employees who have during the past year appeared before the board to discuss their appeals would be a serious omission. We have found them to be completely reasonable and willing to look at both sides of a question. It is axiomatic that we cannot grant every appeal. The employees fully realize this and we appreciate their fairmindedness.

J. EARL KELLY,

Director of Classification.

October 17, 1944

REVISED SALARY PLAN

Charles L. Campbell, administrative director of the Department of Civil Service, after reviewing the purposes of the Feld-Hamilton Law, asked that the changes, proposed under the revised salary plan, be approached with an "open mind" and be studied objectively, so that the aims of the plan may be thoroughly understood and the advantages claimed for it over the present setup be fairly considered. Mr. Campbell did not consider it perfect but only a step forward in an attempt to improve the system in the interest of the State's employees. Any weaknesses in the plan could be determined, he said, only after a trial period. It has been demonstrated, he continued, that the primary weakness under the present Feld-Hamilton Law is its inflexibility. The Feld-Hamilton structure provides for 12 services and, frequently, Mr. Campbell pointed out, when a new classification is established, the Temporary Salary Standardization Board is often at a loss to know where in those services to place it. In many instances, also, the differences in salary between the established grades are too great, and the Temporary Salary Standardization Board is forced to allocate a new position to a grade which is either too high or too low for the responsibilities commensurate with a particular position. The purpose of the proposed modification of the Feld-Hamilton Law is to provide intermediate grades, so that this situation can be rectified.

The new plan has been opposed partly because it makes provision in some cases for only three or four increments, whereas the present Feld-Hamilton system provides for five increments. Mr. Campbell explained that this change makes it possible, by reallocating the salary for a given position from one code to another, to establish automatically the entrance salary at the second or third increment. Accordingly, the employee starts at a little higher rate and attains his maximum salary in three or four years instead of five. This was intended to facilitate recruiting in the present emergency situation and it affects only the new employee. Finally, the new plan includes the nonstatutory or labor class (exempt) positions, which are not now covered by the Feld-Hamilton Law. The plan is not devised, Mr. Campbell continued, for the purpose of destroying the Feld-Hamilton Law. It is intended only to modify, improve and make more flexible the present system in order to meet existing conditions and future exigencies. He expressed the hope that employees would give serious thought and consideration to these new proposals.

Dr. MacCurdy then introduced Everett N. Mulvey, principal budget analyst of the Division of the Budget, who said he had little to add to Mr. Campbell's analysis other than to point out that the new plan would transfer employees from their present allocations to the new allocations at exactly the same levels of minimum and maximum salaries as they have now. Also, the group which at present have no minimum-maximum salary range will be covered by the new plan, which will include a provision for increments.

The issues were debated from the floor, pro and con, and while the discussion was inconclusive and no agreement was reached, Dr. MacCurdy expressed the hope that further study of the plan would lead to recognition of its merits and that the proposed changeover would, on the whole, prove advantageous to all concerned.

BARBERING

With a view to improving the quality of barbering and beautician services, the Temporary Salary Standardization Board has reallocated the salaries of this personnel to a higher level. In the postwar construction program, plans are being made for more adequate facilities, Dr. MacCurdy said. He recommended, in the meantime, that the directors inspect the new arrangement made at Hudson River State Hospital to meet the needs at this institution, intimating that, without much expense and with a little study of the situation, similar changes might be made at other institutions to improve existing services to patients.

CHARGES FOR TRANSCRIPTS

Dr. MacCurdy stated that the furnishing of transcripts of patients' records to lawyers, insurance companies and others representing them entailed considerable work and that appropriate fees should be charged for such service. Such charges should be at uniform rates, and he suggested that the matter be considered and that a general order be issued to cover this situation.

EMPLOYING RELATIVES

As a matter of policy, the suggestion was made that when conditions return to normal, relatives of officers and employees should not be employed in the same institution. The ensuing discussion showed a divergence of opinion, and the matter was tabled for further consideration.

BASIS FOR FOOD ESTIMATES

Under the provisions of General Order No. 5, it was suggested that the allowance for meat be lowered and that for sugar and dairy products be increased.

PAYROLL ADVANCE FUND

A formal request has been made by the Department to the Comptroller for the setting up of a fund in each institution so that workers on Special Fund projects and employees who are separated from the service may be paid more promptly than is now possible. Mr. Doran reported that the Comptroller's office refused this request, but he hoped it would be reconsidered upon presentation of a further statement as to the merits of the proposal.

POSTWAR BUILDING PLANS

Dr. MacCurdy announced that projects at an estimated cost of approximately \$127,000,000 have been submitted to the Post-War Planning Commission. Part of the program includes the demolition of many old buildings, which are no longer suitable for their purposes. Although this will eliminate about 3,200 beds, the new building program will replace these and will provide a net increase of 6,674 beds for expansion over present capacity. This does not include beds in the Willowbrook State School or in other facilities leased to the War Department. When these are returned to the State, the Department may have an expanded program of approximately 15,000 beds.

PROPER CLOTHING FOR INCOMING PATIENTS

Section 77 of the Mental Hygiene Law provides that patients about to be admitted to the State mental institutions should be properly clothed. Some directors have reported difficulty in this respect. It was decided that a

memorandum from the Department should be sent to the public agencies involved.

REIMBURSEMENT FOR FAMILY-CARE PATIENTS

There is at present some confusion and difficulty concerning reimbursement for patients in family care. It is the desire of the Department, Dr. MacCurdy said, to follow a uniform procedure in the future, and there was considerable discussion as to how this might be arranged. It was decided to make a further study of the problem and report on it again at a later meeting.

LAUNDRY SURVEY

Mr. Crowley reported on the survey he has been making of laundry facilities in the institutions. He said that the lack of scales for accurate weighing had created practical difficulties, and he suggested that proper scales be used for determining laundry loads. Dr. MacCurdy said that new laundry plants for various institutions have been included in the postwar building program, but that determination as to the size of a given plant rested largely upon the actual load to be handled. Hence, the directors were requested to obtain this equipment so that the provisions for anticipated expansion of laundry plants may be correctly determined. Mr. Crowley also suggested that the institutions join the American Laundry Institute and thus avail themselves of the tests and other services and information offered that would be helpful to the employees in charge of laundry plants. The membership is \$10 a year per institution.

CONCLUSION

The proceedings concluded with an expression of appreciation and good wishes, extended by Dr. MacCurdy in behalf of the Department to Edward S. Graney, senior business officer at Binghamton State Hospital, and to Andrew J. Delaney, senior business officer at Hudson River State Hospital, upon their retirement from the State service.

A feature of the conference was an exhibit of institutional equipment and occupational therapy, set up at Hudson River State Hospital through the courtesies of the Department of Correction and institutions of the Department of Mental Hygiene. A total of 348 pieces was displayed. Cordial thanks were extended to Wilson R. Krom, John Thompson, Lester C. Elmen-dorf and others who arranged the exhibit or contributed to it.

The conference adjourned to a barbecue dinner at the Pavilion, given by the director, Dr. John R. Ross. The Department cordially acknowledges the generous hospitality of Dr. Ross and his staff in affording the facilities of the institution to the members and guests of the conference.

MINUTES OF THE QUARTERLY CONFERENCE

DECEMBER 12-13, 1944

The final 1944 Quarterly Conference of the Department of Mental Hygiene was held at the New York State Psychiatric Institute and Hospital, New York City, on December 12 and 13. One hundred and nine members and guests were present, including 38 members of boards of visitors, 25 directors and acting directors, three assistant directors, 12 directors of clinical laboratories and pathologists, four acting medical inspectors, seven members of the medical and research staff of the Psychiatric Institute; and, of the central office staff, the deputy commissioner, business assistant to the Commissioner, chief child guidance psychiatrist, director and assistant director of psychiatric social work, director of statistics, administrative advisor, supervisor of purchase, supervising engineer, director of reimbursement, secretary and assistant secretary of the Department.

The guests included Capt. Charles McKendree, U. S. N., M. C.; Lieut. Comdr. H. Beckett Lang, U. S. N., M. C.; Dr. Robert E. Plunkett and Dr. Julius Katz of the State Department of Health; Mrs. Eugenia McLaughlin, director of examinations, State Department of Civil Service; Lieut. Bernard J. Lamb, M. A. C., Mason General Hospital, Brentwood; and Dr. Clarence O. Cheney, medical director, Westchester Division—New York Hospital. The Hon. Frederiek MacCurdy, M. D., Commissioner of the Department of Mental Hygiene, presided.

COMMITTEE REPORTS

The first formal session of the conference opened on Tuesday morning with a joint meeting of institution directors, directors of clinical laboratories and senior pathologists, and members of the boards of visitors. Reports were presented by the committees on statistics and forms, on revision of handbook, shock therapy, psychiatric social service, construction, institutional formulary, standards and specifications, and occupational therapy.

COMMITTEE ON STATISTICS AND FORMS

The following report of the Committee on Statistics and Forms was presented by Dr. LaBurt:

The Committee on Statistics and Forms met at Utica State Hospital on October 26 and 27, 1944, and at the office of the State Department of Mental Hygiene in Albany on November 29.

The committee considered all administration forms from 97-Adm. to 193-Adm.

Forms 97-Adm., 98-Adm. and 99-Adm. had been eliminated several years ago upon the recommendation of the previous Committee on Statistics and Forms.

Form 100-Adm. (Daily census book, special) is not recommended as mandatory, but ought to be ordered by any hospital that wants it.

Form 103-Adm. (Report of movement of patients, monthly) applies to the State and licensed hospitals and to the State and licensed schools. Upon motion of Dr. Worthing, it was recommended that the form for the State and licensed hospitals be numbered 103-Adm. and that the form for State and licensed schools be numbered 103a-Adm.

Upon the motion of Dr. Worthing, it was also recommended that all forms now having numbers, but which are used only occasionally by individual hospitals, have such numbers deleted, and that when such forms are desired by any institution, this should be a transaction between the institution and the printing department at Utica State Hospital. Examples of such forms are 105-Adm., 106-Adm., 107-Adm., 108-Adm., 109-Adm. and 110-Adm.

Form 111-Adm. (Report of Board of Visitors) is recommended in its present form, except for changes in terminology, such as certification instead of commitment, etc.

Forms 117-Adm. and 118-Adm. (monthly time reports) will be called to the attention of the hospital stewards, who will be asked to combine them into one form, and to consider the relation of such new form to Form 169-Adm.

The chairman of the committee was empowered to appoint two subcommittees to study all the forms dealing with admissions, discharges and deaths (exclusive of statistical forms), for the purpose of combining and simplifying them. The subcommittees will be directed to report back to the whole committee. The committees will consist of clinical directors, one from the up-State hospitals, the other from the down-State metropolitan area.

It was recommended that Forms 69-Adm., 117-Adm., 118-Adm., 118a-Adm. and 125-Adm. be made to agree in various respects, such as size and headings. The dates of printing are to appear after the number of the form.

It was recommended that forms 120-Adm. and 121-Adm. (referring to slip records of admissions and discharges) be eliminated. These forms may be continued as unnumbered forms, to be called for by any institution that desires them.

There are at present two inventory blanks numbered 122-Adm. It was recommended that the ruled inventory blank be numbered 122-Adm. and that the unruled inventory blank be numbered 122a-Adm. It was also rec-

ommended that after the inventory the date be eliminated and the word "dated" be printed in. This form should be considered in connection with the perpetual inventory blank recommended by Mr. Arrowsmith.

It was recommended that Form 123-Adm. be renumbered as 80a-Adm.

It was recommended that Forms 124-Adm. and 126-Adm. be eliminated. (The former is the report of noncompetitive examination, and the latter is a temporary leave of absence card.)

It was recommended that Form 127-Adm. (Report of discharge to Bureau of Deportation) be referred to Dr. Pense.

It was recommended that Form 128-Adm. be discontinued. This a special form for the use of Binghamton State Hospital.

It was recommended that Form 129-Adm. (a solicitation of gifts for Christmas) be continued.

Form 130-Adm. (request for clothing gifts). It was recommended that this form be eliminated.

It was recommended that Form 131-Adm. (a sticker for use on packages) be continued.

It was recommended that Form 132-Adm. be continued, but that it be modified so as to include the name of the patient to whom the package is sent, and the name and address of the sender. It should also be modified so as to meet postal requirements.

Form 133-Adm. (hospital report of alleged alien or nonresident) was referred to Dr. Pense for possible revision.

Forms 134-Adm. and 135-Adm. have been dropped.

It was recommended that Forms 136-Adm. and 137-Adm. be discontinued. These forms relate to monthly class records of the school of nursing and the summary of the pupils' records.

It was recommended that Form 138-Adm. be eliminated. This is a letter head, half-size.

It was recommended that Forms 139-Adm. and 140-Adm. (clothing transfer, men and women) be continued in their present forms.

Form 141-Adm., relating to civil service appointments and removals, was eliminated several years ago.

It was recommended that Forms 142 to 145-Adm. be submitted to a subcommittee, which is to include stewards and first assistants, for further study. These forms relate to assignments to duty, employment and resignation.

Form 147-Adm. (reference as to applicants) should be continued in its present form.

Forms 148-Adm to 155-Adm. have all been eliminated.

Form 156-Adm. (the constitutional oath) is to be continued in its present form.

Form 157-Adm., which is a special order for Central Islip State Hospital, was dropped some time ago.

Forms 160 to 168-Adm. have all been eliminated.

It was recommended by the committee that the attention of the Commissioner be drawn to the desirability of modifying the appearance of Form 169-Adm. For example, in order to save space and provide a margin for binding, the titles should be abbreviated. The headings should be continued on each side. It was recommended that the size of the report be changed to 8½"x11". The pages should be numbered. The Commissioner has accepted these recommendations and Form 169-Adm. will be reprinted accordingly.

Form 170-Adm. (tag for articles made by patients) is recommended in its present form.

Forms 171 to 182-Adm., exclusive, were all eliminated two years ago.

Form 183-Adm. (filing of copy of commitment with county clerk) is recommended in its present form, with due regard to revision of language.

It was recommended that Form 184-Adm. (a descriptive application only for use at Syracuse State School) be eliminated.

Form 185-Adm. (application for appointment of a committee). Mr. Hughes, foreman of the printing shop at the Utica State Hospital, was asked to submit samples of this form. These samples have not yet been received.

Form 186-Adm. is a parole agreement for use only at Newark State School. It was recommended that this be removed from the official list of forms.

Form 187-Adm. was eliminated two years ago and it was recommended that Form 188-Adm. (family care card) also be eliminated. The latter form is used only at Utica and Marcy State hospitals.

Form 189-Adm. was dropped two years ago.

Form 190-Adm. has been discontinued.

It is recommended that Forms 191-Adm. (notice of escape) and 191a-Adm. (notice of parole or discharge) be continued.

Form 192-Adm. is a request for information from the welfare center of New York City, and is found useful by the metropolitan hospitals.

It is recommended that Form 193-Adm., dealing with the mortuary, be retained.

The committee considered revisions of Form 158-Adm. and 159-Adm., dealing with the reports on accidents. The committee felt that it could

make no recommendations with respect to possible revisions until it had received further instructions from the Department of Mental Hygiene with respect to the nature of the desired changes.

The committee spent considerable time in examining a form prepared by the tuberculosis division of the New York State Department of Health, to be filled in by each hospital in the case of every new patient and employee. The committee also examined a detailed set of instructions accompanying this form. It was felt that this report required an excessive amount of labor on the part of the hospitals and that it was therefore desirable that consideration be given to a simplification of the form. In particular, it was felt that little more should be called for on the statistical form than a few identifying items, i. e., name of patient (or employee), address, date of admission, age, and number of the X-ray plate. It was also felt that the instructions were too complicated for use by hospital clerks. The committee, therefore, recommended that there be a meeting between representatives of the Department of Health and the Department of Mental Hygiene with a view to simplification. It was suggested that Dr. Katz, representing the Health Department, meet with Dr. Pense and Dr. Malzberg of the Mental Hygiene Department.

In revising this schedule, consideration should be given to making it conform to the standards of the Department of Mental Hygiene, by assigning a form number and descriptive title, patient's identification number, name of the institution, and certain other modifications.

The committee stressed strongly the opinion that no tentative mental diagnosis should be reported on these schedules.

The committee considered certain correspondence received from Dr. Pritchard with respect to diplomas issued to graduates of schools of nursing. The makeup of the diploma was approved in its present form, omitting, however, the word "training" from the diploma.

The committee considered a series of forms presented by Dr. Pense. In general, the committee approved the use of such forms by Dr. Pense but asked that he reconsider them with a view to reducing to a minimum the amount of information called for.

Dr. Bellinger submitted two forms to be used in recording results of insulin shock therapy and of convulsive therapy. The committee approved these forms and asked that they be given numbers and dates.

The committee recommended that Form 215-Med. (individual report on result of electric shock treatment) be discontinued. Several thousands of such schedules are now on file awaiting possible analysis, and it is felt that no useful purpose would be served by accumulating more data of this kind.

Form 41-D. M. H. (monthly report on shock therapies) should be con-

tinued, with modifications. It was proposed that the following be suggested to the Committee on Shock Therapy: that a section be added to each monthly report showing the present status of patients who had been discharged from insulin shock treatment six months earlier and from electric shock treatment two months earlier, the condition to be described as recovered, much improved, improved, unimproved, died or unascertained.

Respectfully submitted,

H. A. LABURT, M. D.,

Chairman, Committee on Statistics and Forms.

Dr. LaBurt reviewed this report, explaining the reasons for certain changes in wording, size and numbering of some of the forms and the elimination of others. Dr. MacCurdy expressed the Department's appreciation for the gratifying accomplishments of the committee thus far in handling the many changes involved in the very considerable task of revising the forms.

COMMITTEE ON REVISION OF HANDBOOK

Dr. Harry C. Storrs reviewed the proposed revisions of general orders, as well as proposed new orders, including changes adopted at the October conference held at Hudson River State Hospital. Several of the orders were discussed in some detail and various suggestions were made for rewording and clarifying certain paragraphs. The discussion concluded with a motion, which was seconded and unanimously carried, that the revised general orders be adopted as presented, subject to the corrections suggested, effective January 2, 1945.

COMMITTEE ON SHOCK THERAPY

Dr. Bellinger presented the following report for the Committee on Shock Therapy:

A meeting of the Committee on Shock Therapy was held at 1:30 p. m., October 26, 1944, at the New York State Psychiatric Institute and Hospital, New York City. Those present were: Dr. Irville H. MacKinnon, Dr. Henry Brill, Dr. I. Murray Rossman and Dr. Christopher F. Terrence.

At this meeting, consideration was given to the preparation of forms to be used in recording shock therapy treatments at the various institutions. After some study and discussion, a set of forms was agreed upon for submission at the next meeting of the committee on November 2 at Brooklyn State Hospital.

The committee held this second meeting at 10 a. m., November 2, at Brooklyn. At this meeting, further consideration was given to the forms to be

used for recording the various types of shock treatment. After much study and consideration, the committee unanimously agreed upon a set of forms which it recommended for adoption by the Committee on Statistics and Forms for use in the various hospitals of the Department of Mental Hygiene.

On November 7, six copies of each of these forms were sent to Dr. Harry A. LaBurt, chairman of the Committee on Statistics and Forms, and on the same date a copy of each form was forwarded to the office of the Department of Mental Hygiene.

At this meeting, further consideration was given to the preparation of a guide for the administration of the various types of shock therapy, which guide will embody general information which should be of value to those administering the various forms of shock treatment.

A third meeting of the committee was held at 11 a. m., November 21, at Brooklyn State Hospital, when much additional study and consideration was given to the preparation of the guide for the administration of shock treatment. As a result of this meeting, many changes were made in the proposed guide, which has since been rewritten. Copies of this guide in its present form have been sent to each member of the committee for further study and consideration.

It is planned to hold a meeting of the committee during the first week in January, when it is hoped the work of preparing the guide will be completed, following which it is planned to submit it to the Department of Mental Hygiene with a recommendation that copies be printed for general use in the various institutions throughout the Department.

Respectfully submitted,

CLARENCE H. BELLINGER, M. D.,
Chairman, Committee on Shock Therapy.

COMMITTEE ON PSYCHIATRIC SOCIAL SERVICE

The following report was presented by Dr. Travis for the Committee on Psychiatric Social Service:

The Committee on Psychiatric Social Service met at the office of Stanley P. Davies, The Community Service Center, 105 East 22nd Street, New York City, on November 24, 1944. The following recommendations were made:

1. *Salaries.* No action has as yet been taken by the budget authorities in reference to increasing salaries of social workers in the various grades so that they will reasonably conform with those in other states and other agencies. If we expect to recruit workers for the postwar period and to retain those we already have in the Department this question of salaries

should be kept alive. (Only today I received the resignation of one in our own department who has taken a job at Bellevue).

2. *Supervisors for All Hospitals.* Hospital authorities are far from satisfied with the present setup in reference to the allocation of supervisors. It does not seem congruous to this committee to allocate this position merely on the basis of census. In fact, in one instance, the census factor apparently was not considered. In this particular situation, institution A and institution B have practically the same census, same number in family care, same number on convalescent status and about the same number of social workers. Yet, institution A receives a supervisor and institution B does not. Even institutions located outside the metropolitan area have their own problems peculiar to them, which do not exist in the metropolitan institutions. Some of these are: greater distances to travel because of the more extensive district, transportation problems, difficulty in recruiting social workers for rural hospitals, etc. The committee recommends a supervisor for all institutions.

3. *More Seniors.* The committee recommends that there should be at least one senior for every six social workers.

4. *More Flexibility in the Matter of Grades.* There have been many complaints from social workers about remaining in one grade too long without any chance of advancement. It is suggested that an additional grade be added, namely, 5-2b with a salary of \$2,100 to \$2,600.

Respectfully submitted,

JOHN H. TRAVIS, M. D.,
*Chairman, Committee on Psychiatric
Social Service.*

The ensuing discussion revealed several instances where highly valued social workers had resigned because of insufficient salary and opportunity for advancement. Dr. Bellinger recommended that an intermediate salary grade be established so that the institutions could offer more inducement and thus retain the services of social workers the institutions had trained. Dr. Bigelow reported that the Director of the Budget had agreed to the allocation of an item at the supervisor level, when the social service work and staff at each institution had been built up to a degree to warrant this action. Dr. MacCurdy asked the committee to make specific recommendations as to what an ideal social service program would be, including estimates of the number of cases each social worker should handle and the number of social workers necessary in senior and supervisory grades. Such a report, he said, would help in discussing positions and salary allocations with the Temporary Salary Standardization Board and the Division of the Budget.

COMMITTEE ON CONSTRUCTION

Dr. Worthing presented the following report for the Committee on Construction:

The Committee on Construction met with Commissioner Bigelow and Mr. Arrowsmith at Rockland State Hospital, Orangeburg, November 9.

A study of the children's unit at this hospital was made. Physicians, nurses and attendants who actually work in the building were interviewed with regard to the general setup of the building and as to what structural changes would improve its operation.

The committee after considerable discussion recommends the following facilities for a group of four cottages to house 100 children with central school, administration, kitchen and diningroom building at Marey.

Sq. ft.

Cottage for 15 older girls and 15 younger girls:

1 ward for 15 older girls (dormitory for 9 and 6 single rooms)	960
Dayroom with porch	550
Bath and shower room (1) as required	
Toilet room (1)—as required	
Slop sink room (1)—as required	
Clothing room (1)	100
Coat and personal property room (1)	150
Linen room (1) for the cottage	50
Nurses' room (1)	100
Janitor's room (1 for the cottage-basement)	85
Reading and visiting room (1)	200
Therapy room (1)	150
Utility room (1)	85
Enclosed play yard	
1 ward for 15 younger girls (dormitory for 9 and 6 single rooms) . .	960
Dayroom with porch	550
Bath and shower room (1)—as required	
Toilet room (1)—as required	
Slop sink room—as required	
Clothing room (1)	100
Coat and personal property room (1)	150
Nurses' room (1)	100
Reading and visiting room (1)	200
Therapy room (1)	150
Utility room (1)	85
Enclosed yard	

Sq. ft.

Cottage for 10 disturbed girls and 15 disturbed boys

1 ward for 10 disturbed girls (entire ward guarded) 10 single rooms (2 with toilet facilities)	900
Day room with porch	500
Bath and shower room (1)—as required	
Toilet room (1)—as required	
Slop sink room (1)—as required	
Continuous tub room (1 with 2 tubs)—as required	
Nurses' room (1)	100
Utility room (1)	85
Clothing room (1)	100
Linen room (1 for cottage)	50
Therapy and classroom (1)	300
1 ward for 15 disturbed boys (all guarded) single rooms (15—4 with toilet facilities)	1,375
Dayroom with porch	750
Bath and shower room (1)—as required	
Toilet—as required	
Slop sink room—as required	
Clothing room (1)	100
Nurses' room (1)	100
Utility room (1)	85
Continuous tub room (1 with 2 tubs)—as required	
Therapy and classroom (1)	300

Cottage for 25 older boys

1 ward for 25 boys (dormitory for 14 and 11 single rooms)	1,635
Day room with porch	950
Bath and shower room (1)—as required	
Toilet room (1)—as required	
Slop sink room—as required	
Clothing room (1)	100
Coat and personal property room (1)	200
Linen room (1)	75
Nurses' room (1)	100
Janitor's room (1 for the cottage-basement)	85
Reading and visiting room (1)	300
Therapy room (1)	200
Utility room (1)	85
Enclosed yard	

Sq. ft.

Cottage for 20 younger boys

1 ward for 20 boys (dormitory for 10 and 10 single rooms).....	1,350
Dayroom with porch	850
Bath and shower room (1)—as required	
Toilet (1)—as required	
Slop sink room—as required	
Clothing room (1)	100
Coat and personal property room (1)	175
Linen room (1)	75
Nurses' room (1)	100
Janitor's room (1—basement)	85
Reading and visiting room (1)	250
Therapy room (1)	200
Utility room (1)	85
Enclosed yard	

Educational and administration building

Visitors' waiting room (1)	150
Physicians' office (2)	300
Treatment room (1)	200
Clerical and record room (1)	250
Patients' waiting room (1)	200
Psychologist's examination rooms (2)	300
Teachers' office (1)	150
Library and teacher's room (1)	300
Social worker's office (2)	250
Occupational therapy classroom (2)	800
Workroom and storage (1)	200
Kindergarten (1)	400
Academic classrooms (3)	1,200
Music room (1)	400
Gymnasium and assembly hall with storage	1,200
Barber shop (basement)	200
Swimming pool (outdoors)	2,000
Beauty parlor	300
Girls' dressing room (basement)	300
Boys' dressing room (basement)	300
Boys' and girls' toilets (basement)—as required	
Boys' and girls' shower rooms (basement)—as required	

	Sq. ft.
Diningrooms (2)	840
Kitchen for 100	400
Kitchen storage and preparation	400
Employees' locker room (basement)	250

Respectfully submitted,

HARRY J. WORTHING, M. D.,
Chairman, Committee on Construction.

Dr. Worthing explained that most of the committee's work to date had been devoted to the study of space requirements so that architects, who are working on the postwar projects, would have standards to follow. He said the real work of the committee will begin when the preliminary plans are received and the postwar program is in full swing.

COMMITTEE ON INSTITUTIONAL FORMULARY

The following report was presented by Dr. Terrence for the Committee on Institutional Formulary:

A meeting of the Committee on Institutional Formulary was held at 2 p. m., November 3, in the offices of the Department in Albany. Present at this meeting were: Dr. Hubbell, Dr. Slaght, Dr. Latsch and Mr. Gurry.

Consideration at this time was given to the following pharmacological products: suppositories, vitamins, respiratory mixtures, antispasmodics, and gastrointestinal preparations.

A second meeting was held on November 27 and the pharmacopeia in its present form was completed with the addition of the antiluetic drugs, genitourinary drugs, glandular extracts, cardiovascular drugs and other miscellaneous preparations. It was thought advisable to include in our pharmacopeia a conversion table and approximate equivalents. We also thought it best to have in this book a list of the commoner poisons with their antidotes and treatment.

The preliminary work on the formulary has been completed and a copy has been sent to the Department for approval and a copy also has been sent to the director of each institution for suggestions, comments and criticisms.

Respectfully submitted,

C. F. TERRENCE, M. D.,
Chairman, Committee on Institution Formulary.

COMMITTEE ON STANDARDS AND SPECIFICATIONS

The report of this committee was presented by Dr. Schmitz:

A meeting of the Committee on Standards and Specifications was held in the office of Commissioner MacCurdy on November 8, 1944, at 2 p. m. It

was attended by Commissioner MacCurdy, myself as chairman, and the following members: Dr. Stanley, Dr. Blaisdell, Mr. Doran, Mr. Arrowsmith, Mr. Elmendorf, Mr. Clifton, Mr. Lawson, and Mr. John Higgins, deputy commissioner of standards and purchase.

This meeting was largely exploratory with discussion directed toward the various phases of a program leading to standardization in all departments of the institutions in the Department of Mental Hygiene. It has long been recognized that maintenance, replacement and repair problems were excessively complicated because of the multiplicity of items purchased for the institutions. Many of the items could, by the process of standardization and simplification, be reduced in number and variety and thus reduce the cost of upkeep as well as later the problems arising therefrom.

Commissioner MacCurdy outlined some of the functions of the committee in a general way. It is planned to have the chairman and his representatives meet with other chairmen and their representatives of similar committees from the Departments of Correction, Health, Welfare, and Agriculture and Markets. To some extent, the functions of this committee will overlap those of the Committee on Construction. In effect, this committee will function with various associated groups of standing committees, such as those on construction, pharmacopeia, forms, uniforms, etc.

One of the first functions of the Committee on Standards and Specifications is to consider with the Construction Committee the fixed equipment in the buildings planned for the postwar period. Heretofore, the Division of Architecture has determined the equipment used in new construction inasmuch as water, steam and electric connections and outlets which had to be provided in the building plans—and hence the equipment—had to be predetermined. It is proposed to change this procedure by requesting the State architect to submit to the Committee on Standards and Specifications a description with specifications of all equipment proposed for installation in new construction. This committee will then recommend to the State architect the specifications of the equipment which they believe is most suitable for the function under consideration. In this way, the building plans can be prepared in accordance with the specifications of the Department of Mental Hygiene or other groups.

One subject discussed was prison supplies suitable for the institutions' use. Many of the present supplies are not. Commissioner Lyons has appointed Messrs. Leonard and Brown, along with the director of prison industry, to work with this committee; and it is planned that they will meet with us to study the matter and determine what changes are necessary in their setup to meet existing needs.

It was agreed that in order to obtain the equipment which most nearly meets the needs of the institutions, all specifications are to be written in sufficient detail so that an inferior article cannot be substituted. It will be absolutely necessary to adhere to the specifications in order to obtain the quality desired, and enforcement of them is absolutely essential or else articles will be obtained that are substandard.

There are at present available standards for many kinds of articles of supply and equipment established by the Bureau of Standards in Washington and other governmental agencies, and there are also standards and specifications of the American Hospital Association, the American Hotel Association and others. The peculiar problems of the institutions of the Department of Mental Hygiene, however, make it essential that standards be established which are primarily designed to fit our departmental needs.

Standardization of furniture and fixtures was discussed, and it was pointed out by Mr. Arrowsmith that in response to a questionnaire, sent by the American Hospital Association, replies from 1,900 general hospitals showed about 900 different sizes of beds in use. The establishment of standards for beds and mattresses needed in mental hospitals should be explored at once.

Progress has already been made in some fields. It was mentioned that a lock had been devised by the Department of Public Works for the Department of Mental Hygiene on which competitive bids can be received from any manufacturer.

The committee will start working at once on kitchen equipment, both to provide for the present needs of our institutions and for the equipment used in postwar construction. Standards for dishwashing machines are to receive early attention, particularly with reference to the desirability of limitation to two sizes, also whether they shall be of the conveyor or rack type, and whether they should be used in connection with prerinse equipment. Kettles and pressure cookers, the latter having desirable features for our institutions, are also due for special consideration.

Prison-made furniture was discussed and the desirability of planning a better grade which could be shipped knocked down and assembled and finished in the institutions was suggested.

Consideration is also to be given to bakery equipment, laundry equipment and machinery used on the farms and on the grounds.

It is planned to have specialty men from the Division of Architecture sit in with this committee at a meeting at which needs of the institutions will be discussed and pointed out. Mr. Crowley, the laundry adviser, and the Construction Committee are to meet with this committee for consideration of laundry construction and equipment. Later it is planned to obtain a

speaker from the Bureau of Standards in Washington, D. C., to speak to a meeting of the joint committee.

The second meeting of the Committee on Standards and Specifications is expected to be held in December, at which time replies to an inquiry addressed to the various institutions, regarding their most urgent needs and in order of essentiality will be considered and an attempt made to focus upon some of the more immediate problems in order that detailed consideration of them can be undertaken.

Respectfully submitted,

WALTER A. SCHMITZ, M. D.,
*Chairman, Committee on Standards
and Specifications.*

Dr. Schmitz, in behalf of the committee, expressed appreciation for valuable suggestions received in answer to requests sent to the institutions for information and advice concerning materials and equipment. Difficulty in obtaining information from manufacturers as to types and amounts of materials which could be obtained was delaying their work, he said. Also, he felt that new materials, which have been developed as a result of the war, would prove useful, but the whole undertaking would require much time and patience.

COMMITTEE ON OCCUPATIONAL THERAPY

Dr. Fletcher presented the report for the Occupational Therapy Committee. (Page 28.)

A brief discussion followed as to what departments of an institution's activities properly come under the supervision of the occupational therapy service. The library, recreation, physical training, beauty parlor, music, gardening and salvage work were mentioned as examples upon which there was division of opinion. Dr. Wearne spoke of the special needs of State school patients for supervised work and play. The Commissioner remarked that the basic problem is to decide where occupational therapy ends and education begins, and he agreed that more planning should be done for the low-grade or chronic patient. Time limitations prevented further discussion with respect to these and other aspects of the report, which was deferred for further study.

ELECTION OF OFFICERS' REPRESENTATIVE TO STATE HOSPITAL RETIREMENT BOARD

The officer members of the State Hospital Retirement System met separately and elected Dr. David Corcoran, director of Central Islip State Hospital, as the officers' representative on the retirement board.

Luncheon for members and guests of the conference was served at the Institute. Lieut. Bernard J. Lamb, M. A. C., who is assistant coordinator of the School of Military Neuropsychiatry of the Institute, spoke on the training and placement of technicians and other lay personnel in the Medical Administration Corps.

SCIENTIFIC SESSION

The conference reconvened after luncheon, the session beginning with a report, presented by Dr. Lewis, on the research activities of the Institute during the past year.* Following the scientific session, the directors of clinical laboratories adjourned to a separate meeting conducted by Deputy Commissioner Bigelow, at which various aspects of pathological work at the institutions were discussed.

JOINT SESSION OF DIRECTORS AND BOARDS OF VISITORS

The institution directors met with chairmen and members of the boards of visitors to discuss matters of mutual interest.

ASSOCIATION FOR THE IMPROVEMENT OF CONDITIONS IN MENTAL HOSPITALS

Dr. MacCurdy outlined the origin and aims of this organization, with special reference to the character of its activities and leadership, which have become a matter of concern to institution directors and members of boards of visitors, particularly those in the Metropolitan area. Considerable criticism was voiced of the association's methods and propaganda, which were characterized as disturbing and harmful, and examples were cited of what were termed misrepresentations made in some of the publicity put out by this group. A circular letter recently sent to directors and members of boards of visitors by the organization, outlining "a program of suggested improvements" showed little insight into the real nature of the problems confronting the State hospitals under present-day conditions, and it was held that more harm than good resulted from its misguided, overzealous and frequently uninformed and impractical efforts.

At a separate meeting of members of boards of visitors, held during the conference, a resolution was adopted requesting board members to combat disturbing propaganda spread by this association, and a committee was appointed by them to investigate and report any publicity coming to their attention which may reflect unfairly or untruthfully on the Department and its institutions. Dr. MacCurdy suggested that henceforth directors and members of boards of visitors refer to the Department any further com-

*This report will appear in the April issue of THE PSYCHIATRIC QUARTERLY.

munications they received from this organization that required special attention. Otherwise, he said, all correspondence should be acknowledged without comment.

W. A. N. A. SOCIETY

The initials stand for "We Are Not Alone." This group was recently organized by former patients at the Rockland State Hospital for the purpose of aiding in the aftercare and readjustment of discharged mental patients. A report of its first six months activities cited the support it had received from professional and lay leaders in furthering the aims of the organization. Dr. MacCurdy said the motives of this group were in no way questionable, and he felt that within limits encouragement and guidance might be extended. In view of the group's meager resources, he said he had advised them to confine their experimental activities, for the time being, to the one institution. In this way, their energies could be guided and expanded into a constructive growth. They had expressed their willingness, he said, to cooperate with the social service department at Rockland. Dr. MacCurdy thought there were possibilities in this type of organization, if properly directed; but before committing the Department too definitely, he suggested that more information regarding the group and its work be obtained and that Miss Crutcher investigate and report on it.

POSTWAR BUILDING PROGRAM

Commissioner MacCurdy presented an outline of the Department's postwar building program. The Postwar Planning Commission, he said, had approved projects estimated at over \$50,000,000 and had under consideration additional projects estimated at some \$35,000,000, which have been tentatively approved. A construction program totaling about \$124,000,000 for postwar planning has been submitted, or is ready to be submitted, by the Department.

The program calls for the construction of 15 new medical-surgical buildings, with reception units attached. The reception services will be large enough to care for the 35 to 45 per cent of patients who may be returned to the community within a reasonable period after admission, without necessitating the removal to other parts of the institutions, which is now necessary in many places because of scattered treatment facilities. Buildings for the disturbed, tuberculous and infirm are also planned. New buildings for other facilities to service these units, such as powerhouses, stores, laundries, bakeries, etc., are also included.

Dr. MacCurdy expected that \$20,000,000 will be available to start building next year, and plans for the first \$50,000,000 of new construction are

already in the hands of architects. Thus, there will be no delay in proceeding with the program when and as funds are appropriated.

In reply to a question about plans of the federal government for mentally disabled veterans, Dr. MacCurdy said he had not been able to obtain definite information from Washington. One hospital for 1,200 beds in the Metropolitan area and one for 1,500 beds up-State have been projected. Beyond the 800 beds already added to the Veterans' Administration Facilities at Canandaigua and Northport, he knew of no plans for further expansion at these places, which are now filled beyond capacity. However, the President has approved of 14,000 more beds for construction in 1946 and 1947, at a cost of \$5,320 a bed, as compared with the State's cost of \$2,200 to \$3,000 per bed.

REPORTS OF BOARDS OF VISITORS

It was suggested that the scope and content of monthly and annual reports of boards of visitors should be studied with a view to making them more adequate and readable. There was general agreement to this, but it was felt that these reports should not be curtailed too much, because they were a useful source of information as to the operations of the respective institutions, and were especially valuable to board members in their public relations work and in discussing administrative procedures and problems with the directors at their meetings.

Reporting for the various boards, Professor Foley submitted the following suggestions formulated by the members:

1. Interchanging certain board reports among the various institutions for informative purposes. (In this connection, Dr. MacCurdy said that the central office had decided to devote a section of *Mental Hygiene News* to current notes of interest selected from the reports made by the boards of visitors.)
2. Including a summary of the activities of boards of visitors in the Department's annual report.
3. An annual meeting of all the boards of visitors with the Commissioner and an announcement of it well in advance so that all board members could make arrangements to attend.
4. Closer attention by the Department to suggestions and recommendations emanating from boards of visitors. (Dr. MacCurdy replied that he read the reports every month and that he had observed that the record of attendance at board meetings was not always up to par. He declared that institutions profited largely to the extent that board members evidenced their interest by holding and attending regular meetings in adequate numbers.)

The Commissioner directed that the Department's monthly *Mental Hygiene News* be sent regularly to each board member, as well as the Legislative Bulletin of information issued during the legislative session each year.

MESSAGE TO DR. EARLE V. GRAY

It was voted to send sincere good wishes from the conference to Dr. Earle V. Gray, director of Gowanda State Hospital, who was undergoing treatment at Buffalo General Hospital for a serious illness.

TRIBUTE TO DR. WILLIAM W. WRIGHT

Dr. Warner, acting director of Marcy State Hospital, presented a tribute to the late Dr. William W. Wright. (Page 37.)

PATHOLOGICAL SESSION

Tuesday Afternoon, December 12, 1944

The directors of clinical laboratories and senior pathologists from most of the institutions attended this session, at which Deputy Commissioner Bigelow presided.

LABORATORY LAYOUT AND FACILITIES

The discussion centered about the arrangement of laboratories in the projected new medical-surgical buildings and in existing laboratories which require remodeling. In addition to the standard space requirements, it was suggested that a third small laboratory for use in special investigations, a room where specimens could be taken from patients, an additional storage room, and a personal office and laboratory for the pathologist be included.

The proper layout and facilities of the institution laboratory were considered in detail and many practical ideas were offered. Amphitheater facilities in the autopsy room were felt to be a desirable asset. The majority thought that glass-washing could be done in the general laboratory. Dr. Derby recommended that the incinerator be placed in the still room. Dr. Sanford reported that built-in refrigerators were much more satisfactory than the usual type for use in the laboratory. Dr. Ferraro suggested that an extra room be included in the setup for animal experimentation in the event that certain contemplated research work is undertaken at some of the institutions. The use of the chapel as a conference room, rather than a combined museum and conference room, a provision which has been embodied in some of the plans, was advocated by one speaker. On the other hand, the use of a combination mortuary and funeral chapel was suggested.

CLINICAL PATHOLOGICAL CONFERENCE

The procedure, scope and value of the clinical pathological conference were reviewed. It was the feeling of the group that standard clinical pathological conferences should be held at the individual hospitals at least twice a month. All agreed that a regular State-wide conference on neuropathology should be held annually or semiannually.

The value of regular visits to the institutions by a representative of the Psychiatric Institute to discuss material and methods and to stimulate interest in certain phases of research work was stressed by Dr. Derby. Dr. Ferraro stated that in order to give the degree of cooperation he would like with reference to organizing research and training courses, it would be necessary for him to have one or more additional assistants in neuropathology.

SPECIFICATIONS FOR PATHOLOGIST POSITIONS

Protracted discussion of the specifications for the pathological positions in the Department of Mental Hygiene followed. Each member of the conference was invited to send in suggestions to the Department, which would then be discussed with the Civil Service Department. In this connection, the functions of the State institution laboratory contrasted with those of the community diagnostic laboratory, the need for specialization in neuropathology, and the requirements of the Public Health Council for approval, were all considered in some detail.

POSTWAR RECRUITING OF TECHNICAL PERSONNEL

There were varied opinions as to the probable supply of technicians following the war. Some stated that they had formerly had good success in the selection of apt individuals from the ward service, who were trained in their own laboratories and later qualified by examination. Some of the directors of clinical laboratories were dissatisfied with graduates from some of the schools. Others felt that army-trained technicians would be valuable to the hospitals following the war.

It was the consensus that the positions of director of clinical laboratories, clinical director, and first assistant physician should be at the same level, with opportunity to qualify for associate director if the individual should decide to leave pathology in the future. This view was urged, particularly as most of the pathologists have had extended training in psychiatry and because pathologists at the present time are doing the work of senior physician or of assistant director, in addition to their own work, or are substituting for the assistant director or the director in his absence.

LABORATORY SUPPLIES AND POOLING SPECIAL TEST FACILITIES

The majority felt that the present system of standards for, and acquisition of, laboratory supplies was adequate. It was suggested that certain tests, such as blood calcium, phosphorus or cholesterol determinations, be carried out at one of a group of adjacent hospitals, which is the current practice of some of the institutions.

DIRECTORS' DINNER

The institution directors and directors of clinical laboratories adjourned to dinner at the Hotel Commodore, at which the principal speakers were Capt. Charles McKendree, U. S. N., M. C., and Lieut. Comdr. H. Beckett Lang, U. S. N., M. C.

DIRECTORS' ROUND TABLE

The conference reconvened at the Institute the next morning, with a round table discussion of medical and administrative matters, attended by the directors and conducted by Commissioner MacCurdy.

RETURN OF AN ESCAPED PATIENT FROM ANOTHER STATE

It has been the general policy of the Department not to send attendants from its institutions into another State to return escaped patients. However, several of the institutions near the New Jersey and Pennsylvania borders have sent for their escaped patients with the approval of the authorities in those states. Since there is no legal bar to this practice, it was voted to adopt the policy of sending for such patients, unless the trips are too long or entail much loss of time, rather than go through the involved details and delay of having the other states return them.

ADMISSION OF "INSANE IDIOTS" TO STATE HOSPITALS

Section 70, subdivision 1, of the Mental Hygiene Law forbids the admission of idiots to State hospitals. Considerable discussion ensued and the consensus was that an idiot could become psychotic and should, therefore, be admissible to a State hospital. The crux of the matter was whether this section of the Mental Hygiene Law permitted their certification to a State hospital. Mr. Rickards said that if the person was diagnosed as an idiot before admission, he could not be certified to a State hospital under the law. But if idiots and other feeble-minded persons can become psychotic, then it was legal to certify them to a State hospital under Section 74 of the Mental Hygiene Law. It was felt, however, that Section 70 was ambiguous on this point and should perhaps be amended to clarify its wording and intent.

TRANSFERS FROM ONE CLASS OF INSTITUTION TO ANOTHER

Legal advice holds that in accordance with a Court of Appeals ruling, patients should not be transferred from one class of institution to another without a new court certification, as legally they have a right to their day in court in order to have their mental status adjudicated. This creates practical difficulties for the directors, as oftentimes their patients develop conditions which require care in another type of institution, and they felt that the Commissioner should be empowered to transfer such patients from one institution to another within the Department, regardless of class. Since the law cannot be amended to this effect, Mr. Rickards suggested that the transfer be made on notice to the patient, thus obviating any constitutional objection. Should objection be raised to such transfer, the question could then be resolved by a court of competent jurisdiction. Under this procedure, if the patient does not make his application for a court hearing within 30 days, the transfer would be final. Mr. Rickards was requested to see if this idea could be worked out on a statutory basis, thus simplifying the transfer procedure and avoiding the necessity of recertification.

USEFULNESS OF A PSYCHOLOGIST AT EACH OF THE STATE INSTITUTIONS

The Commissioner spoke of plans to expand the child guidance clinic and outpatient program following the war. In order to do effective work in child guidance clinics, many of which will be conducted by the institutions, a psychologist should be available. The State Education Department, he said, has agreed to handle the purely educational problems and refer only those patients requiring psychiatric study. With school and community agencies doing their share, there will be less pressure on the clinics. The directors voted unanimously on the desirability and usefulness of adding a psychologist item to each of the institutions.

NOTIFICATION OF PROPER AUTHORITIES IN CASES OF SUDDEN DEATH

A new general order has been adopted which requires notification of the coroner in cases of sudden death or serious injury involving violence. A discussion of the proper procedure to be followed with respect to notification of the district attorney and the police authorities showed variation of practice among institutions, since the regulations differed in the various districts, especially as between the Metropolitan area and up-State. Dr. MacCurdy recommended that a general policy for the institutions be formulated, which would outline the sequence of steps to be followed, thus protecting both the patients and the institutions. Such a policy, he said, would have to be modified by local conditions. The matter was taken un-

der advisement, there being some difference of opinion as to whether there should be a general order to cover this matter or whether the procedure should be left to each institution.

PROTECTION OF EPILEPTIC PATIENTS FROM BURNS

Patients subject to convulsive seizures should be cared for on wards where the radiators and pipes have been properly guarded to prevent burns. Opinions as to practical measures to be adopted under the postwar building program were expressed. Some agreed that recessed radiators might solve the problem. However, there were certain disadvantages, and it was decided to study the matter further before a definite decision was made.

GRADUATE EDUCATIONAL FACILITIES FOR RETURNING MEDICAL OFFICERS

State hospital directors received letters from the American Medical Association relative to postwar planning for graduate training facilities available to returning medical officers. Although many of these men will not wish to become practising psychiatrists, interest had been greatly stimulated, particularly in the army, in the psychiatric approach to medicine, surgery and other specialized fields. The directors were of the opinion that the Department should undertake a program, but that it must be coincident with the training of their own staffs. Dr. MacCurdy suggested coordinating our plans, as far as possible, with the programs being organized at Cornell, New York University and other medical centers, as the officers would have to get much of their clinical work in our institutions. In the ensuing discussion, it was decided that centralized theoretical instruction, followed by field work in the institutions, would be the most practicable policy for the Department to adopt.

UNLAWFUL DETENTION OF MENTAL PATIENTS IN JAILS PENDING ADMISSION

The Mental Hygiene Law prescribes conditions for the temporary care of patients, and Section 1121 of the Penal Law provides penalties for neglect. Nevertheless, the directors reported many instances where patients are held in jail pending admission to mental institutions, because suitable facilities for their temporary care had not been provided by some communities; others reported many emergency admissions before certification for the same reason, as the Mental Hygiene Law permits such procedure and the communities are taking advantage of it. The problem was tabled for further study, though it was pointed out that under the present law it was the duty of the local health officer to provide adequate quarters in the community to take care of mental patients until such time as they can be admitted to an institution.

INSTITUTION DIETARIES

The Commissioner said he realized that existing conditions made it impossible to adhere rigidly to prescribed dietaries, and that substitutions were often necessary, but he cautioned that the Department's policy of preparing dietaries in advance should be strictly followed.

SCIENTIFIC SESSION

After a brief recess, a scientific session was held at which Dr. Armando Ferraro, principal research neuropathologist of the Institute, spoke on recent advances in this field.*

The meeting adjourned to luncheon, at which Dr. Nicholas Kopeloff, principal research bacteriologist at the Institute, spoke on research in epilepsy.

FINAL SESSION

After luncheon, the directors reassembled to continue their round table discussions, which were devoted largely to administrative matters. The opening topic dealt with further plans for the care and treatment of tuberculous patients.

PRESENT SITUATION WITH RESPECT TO TUBERCULOSIS

Dr. Robert E. Plunkett, general superintendent of tuberculosis hospitals, Department of Health, reported on the present situation with respect to tuberculosis, outlining the findings in the tuberculosis resurvey made in certain of our institutions. Postwar plans were also discussed and Dr. Plunkett suggested that the Department of Mental Hygiene consider establishing certain research projects in our institutions. In this connection, Dr. Lewis remarked that he would like to see a comparative study made of epileptic and dementia præcox tuberculosis cases. Although such projects were for the future, it was believed that plans should be made now, particularly as federal grants in support of research in this field may be forthcoming. Dr. Plunkett said his Department would welcome suggestions as to desirable research projects.

RESIDENT OFFICERS

The majority of the members of the official staffs of general hospitals do not reside within those institutions, some from preference and others because of the housing problem. Opinion was divided as to the advisability of physicians living out. Dr. MacCurdy said that two premises would have to be accepted in settling the problem, namely, that physicians should not

*Dr. Ferraro's paper will be published in a future issue of THE PSYCHIATRIC QUARTERLY.

be required to live in buildings where patients reside and that adequate accommodations must be planned for them on the grounds. On this basis, the directors voted to adopt the policy of having the physicians live at the institutions. Another vote indicated that the directors prefer to have engineers and business officers, 50 per cent of the nurses, and 25 per cent of the attendants live at the institutions.

PERPETUAL INVENTORY OF STAFF ACCOMODATIONS

Dr. MacCurdy reported that the yearly inventory of the equipment used in furnishing staff and other quarters at institutions has been abandoned by the Division of the Budget as a source of financial information for budget purposes, since it was found inaccurate and unreliable. A more adequate method of perpetual inventory, room by room, must therefore be devised by which it will be possible for the institutions to have a record of their property at all times, where it is moved and what will be needed for replacements. Although the discussion was inconclusive, it was generally agreed that an executive housekeeper who would also have charge of other housekeeping activities, would be needed.

PUBLIC STATEMENTS

Officers of the institutions and the Department were again requested by the Commissioner to exercise caution in making oral or written statements, which might be misconstrued and used for publication, contrary to the policy of the Department, or might serve as an admission of negligence or of responsibility.

ARMING INSTITUTION PATROLMEN

Reports by the directors disclosed that some of the institutions have found it necessary, because of unpleasant experiences, to arm their patrolmen with guns; others are armed with clubs; and a few have found no need for weapons of any kind. The policy followed depended upon the location of the institution. There was a divergence of opinion as to whether there should be a uniform practice, and the subject was deferred for further study.

LEAVES OF ABSENCE

Until the Department receives the new directive expected from the Civil Service Commission concerning leaves of absence, the Commissioner directed that the provision of Circular Letter No. 4150, dated March 11, 1942, governing sick leaves, and General Order No. 4 with respect to other leaves, be strictly adhered to.

CIVIL SERVICE RECORD RATINGS

Mrs. Eugenia McLaughlin, director of examinations of the Department of Civil Service, outlined the reasons for service record ratings and stressed the important factors that supervisors should consider in rating employees. She described the function as a means of measuring the performance of the duties assigned to employees regardless of their backgrounds or length of experience.

Although the particular form used for this purpose is less important than the administration of the service record system, Mrs. McLaughlin said it should be used as a guide, so that all supervisors would take the same factors into consideration when rating employees. In this connection, she discussed the possibility of developing a new form for attendants and other employees of the competitive class in ward services, which would be briefer and more applicable for rating the qualities and traits of this group. She proposed that the Department of Mental Hygiene appoint a committee to study the matter.

If the rating system is to be used for the 1945-1946 period, Mrs. McLaughlin suggested that the institution supervisors meet for the purpose of becoming acquainted with the plan. She further suggested that they keep dated records of outstanding or unsatisfactory performance, so that facts will be available when discussing ratings with individual employees and for future submission in reports to the Civil Service Department.

When ratings are finally compiled, but before submitting them to the employees, Mrs. McLaughlin advised that conferences be held with the employees for the purpose of explaining the method and reasons for compiling service record ratings. She felt this would create better cooperation and understanding.

In the ensuing discussion, the question was raised regarding promotion examinations for staff attendants. Dr. Bigelow observed that since attendants had been placed in the competitive group by an act of the Legislature, an examination would be necessary if promotion were desired. As the service record rating is a required part of all promotion examinations, Dr. Bigelow cautioned the directors as to its importance not only from the standpoint of final ratings on examinations but also from the standpoint of problems arising in labor relations. He said union representatives had already requested that employees be present at the time their ratings are made.

The advisability of holding a promotion examination for staff attendant was discussed, and Dr. Bigelow mentioned the difficulties faced in trying to find a better way of holding one. The directors were unanimous in their opinion that it was impractical to hold such an examination at the present

time. They were opposed to rating the attendant group at all during the existing emergency, because, they felt, the results reflected an unfair picture, being detrimental to the efficient employee and profitable for the inferior employee. Dr. MacCurdy said no definite decision had been made regarding this but that a critical personnel emergency existed which made it impossible to do a conscientious job of rating at the present time. To try to proceed on a peacetime basis, he said, would be detrimental to the whole service and would result in more protests and further dissatisfaction.

The directors questioned certain changes made by the central office in some of the ratings submitted by their institutions for 1943. Mr. Komora explained that this was done to bring the ratings into line for comparable positions. Some institutions tended to rate employees too high, others too low, the over-all average being 2 to 3 per cent higher than the required average of 82. Individual employees have the right of appeal, however, if they consider their ratings too low.

Dr. MacCurdy said no decisions could be made at once, but the opinions expressed would be given to the Civil Service Commission. He felt that with cooperation a rating procedure could be worked out that would prove beneficial to all concerned. For this purpose, a committee is to be appointed, which will work with civil service representatives on these problems.

ANNUAL REPORTS

The scope, form and content of the annual reports issued by the individual institutions were discussed with a view to improving their value. Each director was asked to send the Department suggestions, since it was felt that a small committee would not have a comprehensive knowledge of the needs of various institutions for certain types of reports, which might be of interest only to their own readers. It was agreed that these reports had historical value, but it would be possible to make them more useful and readable, and the matter should be carefully studied.

NEWS OF THE STATE INSTITUTIONS FOR THE HALF-YEAR PERIOD
FROM JULY 1, TO DECEMBER 31, 1944

NEW INSTITUTION FEATURES, ADMINISTRATION, CONSTRUCTION, MAJOR IMPROVEMENTS, OCCUPANCY OF
NEW BUILDINGS, ETC.

STATE HOSPITALS

BINGHAMTON

A large dishwashing room has been built in the basement of the assembly hall, and new shelving has been installed, for use of the community store.

BROOKLYN

The sewing room, which for years had been located in the basement of the west building, was transferred on August 21 to the third floor of the shop building which had been constructed for that purpose.

CENTRAL ISLIP

Construction work on the new infirmary building, No. 95, for 600 patients, including contracts for sanitary, heating, electric, refrigeration and connecting tunnels, has been completed. Interior painting of this building is now in progress.

The work of rewiring Group I has been advanced 74 per cent, and the replacement of overhead transmission lines with underground cable has been advanced 37 per cent.

HUDSON RIVER

Repairs to the roofs of Ryon Hall and of the main building are in progress.

KINGS PARK

Contracts have been awarded for construction of a storm water sewer for \$15,791 and for additional sewage disposal facilities for \$37,000.

New X-ray equipment has been purchased and installed.

Two floors of the new building, No. 93, were opened for use on December 1.

MANHATTAN

An incinerator is in the process of construction.

MARCY

New ceilings have been installed by contract through the west group kitchens and diningrooms; and walls, tables, chairs, etc., in the reception building diningroom have been repainted, and new drapes have been hung, under the supervision of the occupational therapy department.

MIDDLETOWN

Hospital mechanics have constructed a reinforced concrete bridge on the road to the hospital farm to replace one washed out during a heavy rain last winter.

The remaining three-story porch on the west group building has been removed and replaced with a steel and concrete structure. Four porches have thus been replaced.

The reception building has been completely screened. Although a small structure, it required 243 screens, including 23 screen doors. An employees' cottage which has been vacant for some time has been renovated and reopened for affiliating student nurses..

PILGRIM

The plastering of ceilings and walls of kitchen 21 and the exterior painting of the staff group have been completed as well as the painting of ceilings, walls and radiators in building 23, ward 4. Painting of the exterior of building 1 has been started. Three hundred windows have been caulked and painted.

ROCHESTER

In 1891, when the Monroe County Insane Asylum was taken over by the State, the existing construction included a mansard roof which leaked for many years. Repeated efforts were made to have it replaced. Finally, an appropriation of \$10,000 was provided, a contract was let at a cost of \$7,293, and the work was completed in October.

ST. LAWRENCE

An appropriation of \$3,000 was made immediately available to repair the damage done to chimneys by the earthquake of September 5.

Extensive alterations have been made in the nurses' wing at Flower Building to convert it to a nurses' educational center in which are contained the school offices, a chemical and biological laboratory, a nursing arts laboratory, library, class rooms, study rooms, coat rooms and a reception room.

UTICA

A new electric victrola, to replace an old and worn one, has been installed in the auditorium of Hutchings Hall. The loud speakers were moved to the back of the stage, with decided improvement in sound effect.

A new concrete floor has been laid in the storage room of the community store to replace a floor consisting of slate flagstones, which were probably placed there when the building was erected nearly a century ago.

WILLARD

Boiler No. 4 at the powerhouse and the boiler at Grand View have been rebuilt with special fund labor.

Forty-two paper cup dispensers have been installed in various water sections.

The work of providing a hydrotherapeutic unit in the basement of Elliott Hall continues.

STATE INSTITUTIONS

LETCHWORTH VILLAGE

A contract has been awarded for masonry repairs to Oak Colony and the administration building.

NEWARK

New woodworking machinery has been received for Newark's new carpenter shop, including single surface planer, tilting arbor saw bench and a vertical mortiser.

New gas ranges, with broiler and toaster, have been installed in "I" and Burnham Buildings, to replace old coal ranges; and new electric refrigerators have been installed in buildings "A," "E," Burnham and Moss.

ROME

The construction of a laundry sterilization plant has been begun and is about 60 per cent completed. This plant will have sufficient capacity to care for the whole institution and will make possible much better control of contagious and skin diseases.

Landscaping along Route 365 has been completed. This work has been the subject of much favorable comment from motorists and neighbors, and has brought about a distinct lessening of the motor hazard about the grounds.

SYRACUSE STATE SCHOOL.

The curb of the parking lot has been extended for about 120 feet and the old curb repaired.

Considerable repair work was done at the dairy barn at Antrim Colony. The wooden blocks were removed, a new cement floor laid, and stanchions repaired.

NOTEWORTHY OCCURRENCES

BINGHAMTON

An entrance class of 17 young women was admitted to the nurses' training school on September 6. The school's graduating exercises were held on September 19. Eight women and one man were graduated.

A reception and dance was given on October 26 in honor of Mr. and Mrs. Edward S. Graney, when about 200 persons paid their respects to the departing senior business officer and his wife. Mr. Graney retired November 1, and Robert E. Jones succeeded him with the title of business officer on the same day.

A musical program was given in the assembly hall for the benefit of patients by the pupil and affiliating nurses, under the direction of Lawrence Hollister on November 4. The main Christmas entertainment, a musical program by the students of the school of nursing, under the direction of Mr. Hollister, was held December 22.

Mrs. Helen VanWhy, representing the American Legion Post 80 of Binghamton, held a party for the ex-service patients on November 11. On December 21 a group of 66 ex-service patients was entertained by Mrs. VanWhy, under the auspices of the American Legion Auxiliary of Binghamton.

Miss Ruth Lockwood was appointed social worker on October 12.

Deaths in the six months period were: Francis Skinner and Charles Willis on November 21, and James O'Brien on December 27. All three were attendants.

BROOKLYN

Admissions to Brooklyn State Hospital were discontinued between September 1 and October 15, due to the overcrowded condition of the institution.

Capping exercises were held in the assembly hall on August 10 for eight students of the school of nursing. Classes in the school of nursing opened on September 6 for 35 students, 31 of whom were in the cadet nurse corps.

The hurricane of September 14 did considerable damage to the trees about the grounds, but only three trees were completely destroyed.

Charles Wagg, executive secretary, State Hospital Commission, Michigan, visited the hospital on September 19.

A Christmas party was held for the patients on December 21, with a program arranged by occupational therapy personnel.

Five employees, all attendants, died during the six-month period: Inez Torres, July 21; Harvey Britt, September 21; Alexander Levine, October 2; Samuel Coopersmith, November 24, and Reuben Swart, December 7.

BUFFALO

Commissioner Frederick MacCurdy, M. D., conferred at Buffalo on July 26 with representatives of the State Education Department and the State Architect to discuss a division of the land deeded to the city of Buffalo by the State which the city had not put to use. The State Education Department had applied for land to enlarge State Teachers' College. At least part of this property, it was argued, should be available for new construction and recreational purposes for Buffalo State Hospital patients, as the capacity of the hospital is to be increased. It is understood the city is willing to deed the unused property back to the State provided it is freed from its obligation of removing hospital buildings onto hospital property. Another conference will be held when Commissioner MacCurdy will present a plan of new hospital construction on this property.

On October 28, Miss Violet M. Sieder of the national organization, Community Chests and Councils, Inc., visited the hospital in regard to a recently undertaken study of the relationship between councils of social agencies and social welfare organizations. Erie County was selected as one of the 30 communities in different parts of the country to participate in this study.

Henry C. Mietus was appointed as a member of the board of visitors on October 2 to succeed Blase M. Grabowski, resigned. At the annual election of officers of the board, in October, Dr. Harry H. Ebberts and J. Milford Jennison were reelected president and secretary.

The Maimonides Club held a psychiatric evening session at the hospital on October 23, with presentation and discussion of the common syndromes.

Mrs. Pearl Chenoweth was appointed senior social worker on July 6, and Mrs. Margaret Deligny was appointed social worker (provisional) on December 1.

CENTRAL ISLIP

The faculty of the Central Islip School of Nursing started another nurse aide course on July 18 for a class of 17.

Twenty-five male patients were received by transfer from Brooklyn State Hospital on August 1.

One student from Smith College School of Social Work came to the hospital September 13 for field work training in psychiatric social work.

Joseph A. Kirk, a member of the board of visitors, died September 20.

The students and faculty of the school of nursing attended a meeting at Hunter College on October 20 to hear Mrs. Frances Payne Bolton, Congresswoman from Ohio, speak of her recent tour of the army hospitals in England and France. This meeting was held to recruit student nurses for schools of nursing and graduate nurses for the armed forces. It was Mrs. Bolton who introduced legislation to bring about the formation of the student nurse cadet program of the United States Public Health Service. To interest eligible high school students in nursing, "Open House Week" was held on November 6, 7 and 8 at the hospital.

Charles T. Lacey of the State Insurance Fund came to the hospital on November 14, and brought a plaque which was awarded to the institution by the State Insurance Fund for first place in the State of New York Department of Mental Hygiene Victory Contest of Conservation of Manpower in 1943.

Ruth Leone was appointed social worker, August 1; Edythe M. Schuman was promoted from social worker apprentice to social worker, August 1; Eunice Vassar from social worker to senior social worker, August 16; and Naomi S. Levine from social worker apprentice to social worker, November 1.

Joanne Miller, social worker, resigned July 31; Edythe M. Schuman, social worker, September 1; and Michael Ven Ditto, head maintenance supervisor, November 15.

Rachel I. Smith, occupational therapist, retired November 22.

Marie E. James, attendant, died September 5; Charles D. Mattern, staff nurse, November 24; and Owen McGovern, maintenance man, machinist, December 20.

GOWANDA

A group of public health nurses from the Cattaraugus County Department of Health visited the hospital, October 19, to hear a talk on "The Psychiatric Hospital."

Dr. Earle V. Gray, director, entered the Buffalo General Hospital for treatment on December 8.

Mrs. Kathleen W. deGrange, assistant principal of the school of nursing, resigned, July 20, to become superintendent of the Community Hospital, Springville.

HARLEM VALLEY

The annual occupational therapy sale was held December 6, and over \$700 was realized.

Jacob Neuschatz was appointed junior pharmacist, December 1.

Horton Brundage, welder, retired, September 30; and Mrs. Helen Peterson, attendant, December 31.

Thomas Fisher, attendant, died, September 11; and Albert Gloyd, staff attendant, October 5.

HUDSON RIVER

Andrew J. Delaney, senior business officer, retired effective November 1, 1944. Mr. and Mrs. Delaney were guests at a farewell party given by the hospital staff on September 17.

During the summer, picnics were held weekly at the various services of the hospital. Before and after the picnic suppers, there were games, dancing and singing, with music by the hospital orchestra. A barbecue and field day was held for the patients on September 13, with games and contests during the afternoon and there was dancing on the green following the barbecue with music by the hospital orchestra. Approximately 500 patients attended.

Beginning September 13, the Dutchess County Medical Society resumed monthly meetings at the Hudson River Recreational Pavilion.

The bi-monthly conference of the directors and business managers of the Department of Mental Hygiene was held at this hospital October 17 and 18.

Joseph Manning, attendant, retired, July 1; and Elizabeth M. Connelly, staff nurse, November 1.

Deaths were: John H. Hart, supervising tailor, July 30; William Elmen-dorf, attendant, September 14; and Edward J. Thomas, attendant, October 31.

Robert J. Place, attendant, entered military service, November 9.

Margaret J. Kohler, senior social worker, resigned July 17, and Mary J. Freer was appointed senior social worker on September 1.

KINGS PARK

The annual field day was held at Tiffany Field on July 26.

On July 11 and September 19, blood banks were conducted in building L, making a total of six blood banks at Kings Park.

The graduation exercises of the school of nursing were held at York Hall on September 15. Commissioner MacCurdy gave the address. Graduates were: Frances M. Casey, Agnes C. Cooley, Helen Ruth Dawson, Frances F. O'Reilly and Norma S. Pucci.

The hurricane of September 14 uprooted over 300 trees, and damaged the roofs of several of the buildings.

The annual Hallowe'en party was conducted at York Hall on October 31.

The classification board of the Department of Civil Service began hearings at Kings Park on October 16 and completed the work on October 28.

On November 30, there were 200 members of the hospital personnel in military service.

The occupational therapy exhibit and sale was at York Hall on December 5, 6 and 7.

Fifty members of local American Legion Auxiliary units came to the veterans' unit on December 11 and wrapped 946 Christmas gifts.

David Rosenbloom was appointed apprentice social work on August 16; and Mrs. Mabel Sides, occupational instructor, received a temporary war promotion to the position of occupational therapist, September 1.

Mrs. Pearl Chenoweth, social worker, resigned to become senior social worker at Buffalo State Hospital, July 5; Miss Helen Goddard, social worker, was transferred to the State school at Industry, on July 31; and Mrs. Mae H. Traynor, occupational therapist, resigned to accept a promotion at Manhattan State Hospital on September 1.

John J. Hoffman, maintenance man, retired, August 31; and Mrs. Sarah Potter, night staff attendant, and Andrew H. Reeves, night attendant, September 30.

Owen McGovern, attendant, died on August 16; John Owens, night attendant, on October 8; Alexander Smith, night attendant, on October 21; and Alfred Sweet, attendant, on November 27.

MANHATTAN

New York Medical College (Flower) is sending its students to the hospital for lectures and clinical demonstrations in psychiatry.

During the hurricane of September 14, 136 trees were uprooted.

Walbridge S. Taft, member of the boards of visitors, resigned in August.

The New York School of Social Work has sent two students to the hospital for field work in psychiatric social service.

Mae Traynor was appointed senior occupational therapist, September 1.

Adele J. Tax, was promoted from social worker apprentice to social worker, November 1; Lois Stephens, from senior social worker to supervisor of social work, December 1; and Beverly Fabricant, from social worker apprentice to social worker (substitute) December 6.

Evalin Mitchell, social worker, resigned, November 15; Adele Tax, social worker, December 31; and George T. Isam, senior maintenance supervisor, December 31.

Florence Anderson, supervisor of social work, went on leave without pay, November 27.

Military leaves were granted to Charles Carlin, July 12; George Whyte, September 6; Mark Klein, September 26; and Harriet H. Chikowski, December 5.

James Braiden, supervising attendant, died July 12; Gabrielle Bissonnette, student nurse, July 20; William Guilfoyle, clerk, October 1; Philip Malinow, painter, November 11; and William Cameron, chauffeur, December 26.

MARCY

A party for the veterans of the hospital was held at Mrs. Tom Johnson's in New Hartford on August 17.

Dr. Block of the Department of Public Health, visited the hospital on September 20 in his country-wide survey of expenses of nursing education.

Dr. George C. Bower, director of clinical laboratories, attended the Harvard Medical Legal School, Boston, from October 2 to 7.

Dr. George L. Warner, acting director, attended the annual meeting of the American Hospital Association in Cleveland, October 5 and 6.

A party sponsored by the Employees' Association in honor of Leo Gurry, president of the association, was held in the assembly hall, October 31.

A Hallowe'en costume party was held for the patients on November 1.

Military leaves of absence since June have been granted to: Margaret Kelly, Florence Truax and Ella Mae Sonnichsen.

George E. Lyman, mason, retired on September 30; and Sarah Broughton, housekeeper, on November 30.

William Jackson, head nurse, returned from military leave, November 7.

Ralph Kittridge, attendant, died August 26.

MIDDLETOWN

This hospital has been carrying on an X-ray study of the patients in certain deteriorated wards, who are most likely to develop pulmonary tuberculosis.

In August, Middletown began accepting students from St. Mary's Hospital, Rochester, for a three-month affiliation.

More than 100 employees of the hospital volunteered blood donations at the visit of the Red Cross mobile unit to Middletown on August 19.

Picnics for patients were conducted Saturday afternoons through the summer. These are always much enjoyed.

Commencement exercises of the school of nursing were on September 12. Fifteen students received diplomas.

Miss Hester B. Cruteher, director of social work, accompanied by Mrs. Platner, who holds a similar position in the state of Illinois, visited a number of the Middletown family care homes in Delaware County.

The employees held a special dance in the amusement hall on September 28 to raise funds for Christmas gift packages for employees with the armed forces.

Miss Constance LaBagh was appointed social worker on October 9. Mrs. Elizabeth Ewald Kowalski is on leave of absence from this department following her marriage.

An organization meeting to establish a unit of the American Federation of Labor Association of State, county and municipal employees was held at the hospital on October 3. It was well attended although the actual number of those accepting membership was not made public. On October 19, an organizer for the C. I. O. visited the hospital, but the attendance was small.

Lieut. Robert Boniface, former employee, told a large gathering on October 20 of his experiences as pilot of a bomber in 50 missions over Germany, France and Roumania. He has received the distinguished flying cross.

A fire was discovered in the horse barn on the morning of September 21. It originated in the hay mow, but by quick action of employees and the hospital fire truck, together with the fire companies of Middletown, it was kept from spreading to the large wagon shed attached to the barn. Horses, harness and all farm equipment and machinery were saved. Repairs were done, and the barn is again in use.

Retirements during the period included Edwin Gordon Morris, electrician, on October 31 after 25 years of service; and Abram Porter, carpenter, on October 1, after more than 26 years of service.

Word was received at the hospital that Charles Plock, a Middletown employee, had been killed in action in Italy.

PILGRIM

The training school for nurses opened its fifth year on September 6 with a class of 12.

Earl J. Kelly, director of classification, and Mr. Molloy, both of the standardization board, classification division, Department of Civil Service, came to the hospital on September 11 to take up the matter of reclassification of employees. Many had appealed from the classification given, and the committee remained at the hospital until September 22. A second conference was held at the hospital, October 23.

The hurricane of September 14 completely removed the copper roof of building 80, a portion of the roof over the kitchen section of building 63 and the roof of building 53. A large skylight in kitchen 8 was broken. A

large arched window in the powerhouse was caught in a terrific gust of wind, and metal and glass were blown through the engine room. Fortunately no employees were in the path of the debris, and no one was injured. Hundreds of trees about the hospital were destroyed or were broken off. A good many were later straightened up, but the damage to the landscaping was considerable.

Drs. Henry Brill and W. Roberts Webster and the Misses C. Emily Todd and Mary E. O'Connor of the social service department, attended a meeting in New York City of clinic physicians and social workers on September 22. Methods of coordinating the various hospital procedures and suggestions for the use of clinic facilities were discussed.

Outdoor picnics for the patients were concluded on September 25. Throughout July, August and September lawn parties were arranged at frequent intervals. At the picnics, competitive games with prizes, group singing and outdoor dancing furnished a considerable amount of enjoyment throughout the season. At these picnics refreshments such as "hot dogs," ice cream and lemonade were served.

The first class of American Red Cross nurses' aides at Pilgrim was started under Babylon Chapter auspices on September 28. All the facilities of the hospital are available to the Red Cross in its effort to train hospital aides.

The Hallowe'en party for 1,200 patients was held at the amusement hall on October 31, with 400 patients in costume.

The annual Christmas Exhibition and Sale of occupational therapy work by the patients was opened on December 6 for two days. A large number of friends visited the hospital, and the sales were very satisfactory.

During the 10 days preceding Christmas, groups of patients visited the various wards singing Christmas carols. On December 20, Lieut. Duffy and Corp. Williams of the Mason General Hospital, toured several of the buildings and gave musical programs. A dance, special services, holiday decorations throughout the hospital and the usual excellent turkey dinner helped to spread the Christmas spirit to patients and employees alike.

The Rev. Wallace T. Viets was appointed Protestant chaplain of Pilgrim on August 1.

Beatrice Butler and Martha Hackwell were appointed occupational therapists (provisional) on July 1; Patricia Morrison and Mary W. Buckley were appointed social workers (provisional) on July 16.

Joyce Gotham, social worker, resigned on July 8; the Rev. M. F. Timbrell resigned as Protestant chaplain on July 31; Dorothy Dunning, social worker, resigned on August 16; and Mary W. Buckley, social worker, resigned on October 18.

Martha Hackwell, occupational therapist, obtained a leave of absence on December 1.

John J. Heapes, ward attendant, died in military service on July 6; Gifford Reed, ward attendant, died in military service on November 1; and Lieut. Wilber Longshore, ward attendant, missing in action, was officially declared deceased on November 30. John H. Green, laborer, died at the hospital on December 1; and Carl B. Rutherford, ward attendant, died on December 12.

Helen Pugh, head nurse, retired on July 31 because of physical disability.

ROCHESTER

A representative of the C. I. O. visited the hospital on November 1 and met with the employees for the purpose of organizing a local. There was a good attendance at this meeting and a local was established. Discussion has indicated much dissatisfaction by employees as a result of the Feld-Hamilton Law changes.

With a view to obtaining more land for future developments at Rochester, the director was requested to obtain from the Monroe County Board of Supervisors a statement as to the availability of county property, adjacent to the hospital, and its price. Early in December, word was received that the board of supervisors had had an appraisal made of this property, consisting of about 84 acres, and suggested a purchase price of \$36,000. It totals approximately 298 acres, largely within the limits of the city.

Besides the usual official and other routine visits to the hospital during the six-month period, callers included Dr. Franz J. Kallmann of the Psychiatric Institute and Mrs. Kallmann, Dr. Guy Payne, superintendent of Essex County Hospital for the Insane at Cedar Grove, N. J.; and Miss Dorothy Allen of the C. I. O.

Miss Helen H. Harding and Mrs. Ann E. Boughton were appointed social workers (provisional) on August 1.

ROCKLAND

Dr. R. W. Berliner and Dr. E. W. Bauman visited Rockland State Hospital on July 11 to select cases of neurosyphilis suitable for transfer to Manhattan State Hospital. The doctors are working on a research project on the therapy of malaria given under the auspices of the department of pharmacology and medicine of New York University.

The Rev. William E. Sprenger of the New York Protestant Episcopal City Mission Society visited the hospital on July 26 for a conference with the director.

Mrs. Norma Zamboni, secretary of the board of visitors, and Dr. Howard W. Potter and Dr. David M. Levy, consultant psychiatrists, visited the hospital on July 19 for an inspection and consultation on the children's group.

Mrs. Catherine M. Halley, Fieldston, Riverdale, Bronx, was appointed on July 25 as a member of the board of visitors to succeed the late Mrs. Sarah O'Leary.

J. Earl Kelly, director of classification of the Department of Civil Service, and five assistants spent the week of August 7 at the hospital hearing appeals on classification submitted by a number of employees.

The Rev. Jacob Cohen of Spring Valley, N. Y., arranged a party for 200 Jewish patients in the assembly hall on August 4. Entertainment by prominent Jewish artists was also provided.

Charles Noble, Detroit, Mich., architect, who is planning buildings for institutions in Michigan and particularly for children at Ypsilanti State Hospital, visited Rockland on September 19. He was also interested in the infirmary building and the buildings for disturbed cases and spent quite some time discussing with the director the plans and the use of these structures. Charles F. Wagg, executive secretary of the State Hospital Commission of Michigan, Dr. E. J. Rennel, superintendent of Pontiac State Hospital, and Clarence Day, another architect from Michigan, visited the hospital on September 22 to obtain information on hospital construction which might be profitable to them in their postwar planning. After seeing a number of the buildings, the visitors conferred with the director and with Commissioner MacCurdy who was at the hospital on that date.

The Rev. Ernest W. Churchill, pastor of Grace Episcopal Church, Nyack, N. Y., was appointed part-time resident Protestant chaplain, effective October 1.

Drs. Joseph S. A. Miller, A. N. Laguardia, H. K. Johnson, and the director attended a luncheon meeting on mental hygiene in New York City on September 25 to consider the responsibility of clergy and doctors in the mental health of the community. The meeting was attended by clergymen of Rockland County, including rabbis, priests and ministers, and by members of the county medical society.

On the evening of October 7, the director attended a public meeting at the Nyack High School, where he discussed an address made by Dr. John A. P. Millet, psychiatrist of New York City, on the topic of preparing the community for the return of soldiers from the war.

Representatives of the American Federation of Labor, organized a local union at this hospital on October 6. Approximately 30 employees joined. The formation of the union was chiefly promoted by employees in the power

plants; also a number of other employees found it to their interest to join, as they are part-time employees of Lederle Laboratories, Pearl River.

Miss Edith Whit was appointed social worker on October 2.

Mrs. Beatrice Goodwin was appointed social worker on October 9.

A series of lectures and clinical demonstrations has been arranged for the benefit of 19 members of the clergy of Rockland County, in addition to two ministers from Hohokus, N. J. The lectures were started on October 18 and are given each Wednesday morning. The staff members participating in giving the lectures are Drs. J. S. A. Miller, A. Laguardia, H. K. Johnson, R. E. Blaisdell, C. Munn, E. R. Clardy, and E. Kinder.

On October 27 the employees of Lederle Laboratories and the members of the hospital American Legion Post held a dance and entertainment in the assembly hall to collect funds for the benefit of employees of the two institutions in military service.

ST. LAWRENCE

Mrs. Ruth B. Warren, principal, school of nursing, attended a summer session at Teachers' College, Columbia University, New York, where she took advanced work in nursing education.

A new projector has been purchased to be used in teaching and an amplifying system was installed in Curtis Hall.

From August 21 to 25, J. Earl Kelly of the Department of Civil Service and four assistants, visited the hospital and granted hearings to those employees who had made appeals from their classifications.

A field day was held on August 26 on the lawn in front of Curtis Hall, followed by a picnic supper; 1,095 patients attended.

Nursing school graduation exercises for a class of nine women were held at Curtis Hall on the afternoon of August 30. Dr. Harry W. Rockwell, president, Buffalo State Teachers' College, gave the address. The exercises were followed by a reception and supper.

Mrs. Thomas D. Brown generously donated to the hospital the office furnishings and equipment of her husband, Dr. Brown, a member of the consultant staff of the hospital, who died on October 7. This has been used to furnish an examination room at the nurses' educational center for the use of the physician who examines prospective candidates for the school of nursing, and has charge of the health program of the students. She also donated Dr. Brown's books to the library.

Mrs. Katherine T. Sullivan, senior stenographer, retired after 32 years, nine months and 11 days of service. John O'Hara, senior stationary engineer, left the service by retirement on November 31, after a service of 25 years, four months and 22 days.

UTICA

Miss Lulu A. Root was appointed occupational therapist on July 5 on a provisional basis; she resigned, August 4.

Dr. Franz J. Kallmann of the Psychiatric Institute was at the hospital on August 17 in regard to the survey of the genetics of twins.

Thirteen students entered the school of nursing on September 1, and all were enrolled in the U. S. Cadet Nurse Corps. On September 22, the committee on nursing met at the hospital.

On October 5, Dr. Nettie M. Dorris, district health superintendent, and Miss Mary A. Keenan of the department of public health, Springfield, Ill., visited the hospital on behalf of the state of Illinois to obtain certain medical data, such as those on the accommodations for tuberculous patients.

The Committee on Statistics and Forms met at the hospital on October 26 and 27.

Mrs. Dorothy Allen, C. I. O. organizer, conducted a meeting at Hutchings Hall on November 3. On December 7, representatives of A. F. of L. held a meeting in Hutchings Hall.

Miss Eva M. Schied, senior social worker, retired on December 1. She was honored at a farewell tea on November 27.

The following employees retired on pension during the past six months: Margaret E. MacGill, telephone operator, August 31; Elizabeth Fritz, assistant cook, September 30; and Mary E. Kastner, housekeeper, December 31.

Deaths among employees were: Edward D. Gagan, attendant, July 4; George J. Holland, assistant cook, August 21; Gussie Madrid, attendant, December 19; and Marguerite E. Washburn, attendant, December 22.

WILLARD

A mobile blood unit under the direction of the American Red Cross came to Ovid on July 28; 81 Willard donors made application, and 72 were accepted.

In September, word was received that T/Sgt. Jack E. Kearns, on military leave from Willard, had been awarded the air medal for meritorious achievement while participating in heavy bombardment missions over enemy-occupied Europe. He is an aerial engineer on an Eighth Air Force B-24 Liberator.

Seven students, the first affiliating group from Keuka College, arrived for psychiatric affiliation on November 20. Ten students from Syracuse University came for the same purpose, November 27.

Mrs. Margaret Kopsa was employed as an instructor of nursing (military substitute) on September 1.

Leaves of absence for military service were granted to Paul V. Hoagland, August 9; Robert Hayes, September 8; and Lillian C. Madrid, November 15.

Word was received from the War Department on October 9 of the death in France on September 23 of Sgt. T4 Elmer I. Guy as the result of a vehicle accident. At the time Mr. Guy entered the military service he was employed as assistant clothing clerk at Willard. This is the first casualty among Willard State Hospital employees.

Word was received on October 23, by the wife of First Lieut. Donald H. Moon, Inf., 81st Division, of his death on Palau Island on September 29. At the time of Mr. Moon's enlistment in the National Guard, he was employed at Willard as an attendant.

Retirements during the period were: Michael Hanratty, July 1, attendant; Nora Quinn, July 1, kitchen helper; Arthur C. Mathews, July 31, farmer; and Hugh MacCheyne, September 24, kitchen helper.

PSYCHIATRIC INSTITUTE AND HOSPITAL

The Quarterly Conference of the Department of Mental Hygiene was held at the Institute December 12 and 13. The minutes of the sessions are reported elsewhere in this issue of THE SUPPLEMENT.

The American Board of Neurology and Psychiatry, its staff of examiners, brought in from all parts of the country, met at the Psychiatric Institute December 13 and 14.

Dr. Henry W. Nissen was appointed associate research psychologist on September 29; and Floy Ione Wetzel was named psychology interne on September 15. Jane E. Farwell had resigned as psychology interne on July 31.

Dorothy K. Truman resigned as social worker on October 7, and Cynthia Anne Gibson was appointed provisionally on October 9. Mildred L. Se-franka resigned as occupational therapist on July 18, and Lore Kramer on September 30; Marion Burnham was appointed occupational therapist (provisional) on November 8.

Word was received that Jean Hennessey, domestic, had died on November 1 while on leave of absence in the military service. Joseph Hellerich, painter, died on August 6.

SYRACUSE PSYCHOPATHIC HOSPITAL

Miss Elaine Anne Smith was appointed social worker on September 1. Mrs. Doris Hall, staff nurse, died on September 3.

On November 24 official notice was received from the State Charities Aid Association of the appointment of a committee of visitors to this hospital. The board consists of: Mrs. J. D. Taylor, 430 Allen Street, Syracuse; Aaron E. Rose, 222 Cedar Street, Syracuse; Mrs. W. W. Graham, Cazenovia Road, Manlius; Mrs. John V. McCarthy, 122 Lincoln Park Drive, Syracuse; and the Rev. Charles C. Noble of the First Methodist Church, Syracuse.

STATE INSTITUTIONS

LETCHWORTH VILLAGE

The committee of visitors appointed to this institution by the State Charities Aid Association inspected Letchworth Village on September 27. This committee is composed of Edward H. Letchworth, Marine Trust Building, Buffalo, chairman; Mrs. Luther H. Kice, 95 Brook Street, Garden City; and Mrs. M. T. Lyneh, 79 Kensington Road, Garden City.

An active chapter of the American Federation of Labor has been organized in this institution.

Miss Katherine Yorsten, matron of building G, died on July 6. She had been employed at Letchworth Village for 11 and one-half years.

Lieut. Alexander Cameron, employed at Letchworth Village from March 1, 1935 until May 10, 1942, was killed in France on July 15.

Carl Rose, attendant, died on August 20, and Fred Brown, attendant, died on August 22.

Dr. Mary Fite was appointed psychologist on September 29.

NEWARK STATE SCHOOL

An added item of assistant director has been allowed for Newark.

Notices have been received of the deaths of four former employees, in military service.

Mrs. Margaret Plantner, director of social work for the state of Illinois, visited the school, September 26, with Miss Hester B. Crutcher, and was very much interested in the family care project.

Dr. George H. Watson, president of the board of visitors for the past 20 years, died suddenly in the Lyons Hospital, October 8.

Newark's 4-H clubs gave a broadcast by request over Station WHAM in Rochester on November 25. It consisted of describing 4-H work at the school.

Dr. James H. Arseneau of Lyons, was appointed consultant in orthopedic surgery. He will assist in the work of Newark's physiotherapy department.

Leon W. Bowen, assistant cook, died, August 25. Edward B. Goebert, farm hand, retired, October 8; John Molye, groundsman, resigned, November 7; and Abram Johnson, steam fireman, retired, December 1.

ROME STATE SCHOOL

Dr. and Mrs. Franz Kallmann, together with Prof. Carney Landis of the Psychiatric Institute, visited Rome in relation to the study of twins which Drs. Kallmann and Landis are making. The staff of the institution has been cooperating with the Institute and furnishing data about twins as they appear among new admissions.

Two colonies were closed during the period owing to a shortage of personnel. The Howe farm colony for boys was closed, reducing the capacity of the institution by 20 beds. Sanford Colony for girls was also closed on account of an inadequate water supply, also reducing the number of beds by 20.

The following employees retired during this period: Ernest R. Hay, attendant, July 1, after 40 years of service; Mrs. Lorna W. Hay, principal stenographer, July 3, after 37 years of service; Peter Welch, supervisor, July 23, after 37 years of service; John E. Broderick, staff attendant, July 31, after 30 years of service; and Alec G. Batt, supervisor, August 13, Frank Orman, electrician, September 15, Seth Blair, staff attendant, August 16; and Margaret Blair, attendant, September 9; all after more than 20 years of service.

The director has continued to serve as chairman of Appeals Board No. 20 for the Selective Service. Two physicians of the staff served on the draft induction board while the Northeastern New York Induction Board continued its sessions in Utica. Two staff members also served as members of Medical Advisory Board No. 37.

SYRACUSE STATE SCHOOL

During the summer, the residents of the five girls' parole colonies each had a week's vacation, and each was allowed \$10 for spending money. The girls were taken on picnics, shopping tours, movies and a dinner at one of the better known eating places.

Officers and employees subscribed \$5,816.75 to the Fifth War Loan Bond Drive, and \$3,500 to the Sixth War Loan Bond Drive.

Mr. Henry J. Swackhamer was appointed assistant recreation director in charge of Scouting on August 15; Miss Hazel R. Cass was appointed chief supervising attendant on September 1.

The fall and Christmas issues of "The News," a publication of the school departments, were printed in the print shop of the industrial department and distributed to inmates and employees.

Miss Virginia E. Votti, recreation instructor, resigned to accept a position in the public school system on October 18; Mrs. Ruth L. Harter, senior social worker, resigned on October 15.

Mary Briady, launderer, retired on August 1; Grace Johnson, attendant, retired on August 1; Mabel Morris, night attendant, on November 1; and Anna Webster, launderer, on December 1; all after from 15 to 20 years of service.

The committee of visitors from the State Charities Aid Association, consisting of Miss Louella Oagley, Mrs. Marguerite Fisher and Mrs. Emil Hansen, visited the school on October 13.

A Christmas pageant, "Peace on Earth," was presented by the residents of the school on December 19 and 20 at 7:30 p. m. Many praiseworthy comments were received on the costumes and singing of the children.

William Allen Dyer, president of the board of visitors, died on October 21, after 17 years as a member, the last 13 of which he was president of the board.

WASSAIC STATE SCHOOL

Members of the Dutchess County Medical Society were entertained at a dinner meeting at the school on Wednesday, September 20. Commissioner Frederick MacCurdy was one of the guest speakers.

Wassaic State School was host to the officers of the Harlem Valley Area Boy Scout Association on December 14. Following dinner, Senator Frederic Bontecou gave an address.

Miss Helen Cahill, nurse, died October 6 after a long illness.

CRAIG COLONY

The nurses' graduating exercises were held on September 14; six women and three men received diplomas. The class was addressed by the Rev. Norman Rimmel of Mt. Morris.

The deep snow in December interfered considerably with keeping Colony roads open and interfered with the reception and distribution of supplies.

Window guards have been placed on the Iroquois building, allowing a reclassification of patients and relieving the overcrowding in some of the other buildings housing low-grade patients. This has resulted in providing beds for all men patients.

A new parking section is being constructed between the hospital and administration buildings.

Priorities have been made and plans received for the immediate construction of an infirmary for 200 female patients. This will relieve the badly-overcrowded conditions existing in the present infirmary.

A number of State departmental officers have visited the Colony to consider the remodeling of existing buildings and abandonment of some of the older structures, as well as future construction needs.

Some of the roofs on the drying sheds in the brickyard collapsed, because of the heavy snow this winter. This caused considerable destruction, and extensive repairs are needed if this department is to be organized again.

CHANGES IN PERSONNEL IN THE MEDICAL SERVICE

APPOINTMENTS*

Senior Physician

Schegloff, Dr. Ber M., senior physician, Rockland State Hospital, October 1.

Physician

Breuer, Dr. Fritz, physician, Rockland State Hospital, July 1.

Frenkel, Dr. Lance F., physician (surgery) Gowanda State Homeopathic Hospital, November 1.

Guttmann, Dr. David, physician (temporary), Kings Park State Hospital, August 1.

Harin, Dr. Nicholas N., physician (for duration of war), Pilgrim State Hospital, December 21.

Heller, Dr. Joseph, physician, Hudson River State Hospital, August 1.

Kokiel, Dr. Rebecca N., physician, Gowanda State Homeopathic Hospital, July 16.

Muenzner, Dr. Charles, physician, Rockland State Hospital, October 1.

Olinger, Dr. Leon, physician (internal medicine), Brooklyn State Hospital, October 16.

Rogati, Dr. Orpheus, physician (temporary), Kings Park State Hospital, August 1.

Sportiello, Dr. Frank A., physician, Brooklyn State Hospital, October 1.

Resident Physician

Bab, Dr. Walter E., resident physician, Rockland State Hospital, July 1.

Boernstein, Dr. Walter S., resident physician, Manhattan State Hospital, July 17.

Bottino, Dr. Antonio, resident physician, Brooklyn State Hospital, September 16.

Fenichel, Dr. Murray, resident physician, Middletown State Homeopathic Hospital, October 1.

*Appointments and promotions other than permanent have been designated—in all cases where known to be such—as “provisional,” “substitute” or “temporary,” etc., as reported in individual instances by the institutions concerned. Where an institution reports an appointment in a specialty other than psychiatry, the fact is so noted.

Goldberger, Dr. Barbara, resident physician, Creedmoor State Hospital, October 23.

Goldberger, Dr. Jacques, resident physician, Creedmoor State Hospital, October 23.

Hodgskin, Dr. Philip T., resident physician, Creedmoor State Hospital, August 1.

Jonap, Dr. Stephen, resident physician, Brooklyn State Hospital, September 7.

Joseph (Silberman), Dr. Alice, resident physician, Rockland State Hospital, August 1.

Kass, Dr. Herman, resident physician, Brooklyn State Hospital, November 3.

Lacovara, Dr. Dominick, resident physician, Harlem Valley State Hospital, September 1.

Lewis, Dr. Sherman L., resident physician, Creedmoor State Hospital, October 17.

MacIntyre, Dr. Lillias C., resident physician (part time), St. Lawrence State Hospital, August 15.

Marlowe, Dr. Leon Frederick, resident physician, Binghamton State Hospital, December 18.

Mazza, Dr. Ralph Joseph, resident physician, Binghamton State Hospital, October 9.

Rosenbaum, Dr. Irving, resident physician, Brooklyn State Hospital, August 17.

Rosenthal, Dr. Harry, resident physician (provisional), Buffalo State Hospital, July 1.

Weinberg, Dr. Frederick, resident physician, Rockland State Hospital, September 1.

Wolff, Dr. Gerhard, resident physician, Rockland State Hospital, October 1.

Medical Interne

Beach, Dr. Kenneth H., medical interne, Psychiatric Institute and Hospital, July 29.

Folmer, Dr. Edward J., medical interne, Psychiatric Institute and Hospital, September 1.

Frenkel, Dr. Lance J., medical interne, Gowanda State Homeopathic Hospital, July 16.

Hoefler, Dr. Maria, medical interne, Psychiatric Institute and Hospital, August 1.

James, Dr. Milton C., medical interne, Psychiatric Institute and Hospital, October 1.

Katz, Dr. Hanna, medical interne, Rockland State Hospital, October 1.

Kreisinger, Dr. Elizabeth C., medical interne, Psychiatric Institute and Hospital, November 1.

Sackler, Dr. Raymond R., medical interne, Creedmoor State Hospital, August 1.

Medical Externe

Breitbart, Dr. Sara Y., medical externe, Psychiatric Institute and Hospital, July 1.

Hoefler, Dr. Maria, medical externe, Psychiatric Institute and Hospital, October 1.

Malev, Dr. Milton, medical externe, Psychiatric Institute and Hospital, July 1.

Ritvo, Dr. Samuel, medical externe, Psychiatric Institute and Hospital, October 1.

Stern, Dr. Morton M., medical externe, Psychiatric Institute and Hospital, October 1.

Resident Dentist

Bergman, Dr. Herbert R., resident dentist (substitute), Manhattan State Hospital, December 5.

Stephens, Dr. Kirk A., resident dentist, Creedmoor State Hospital, June 30.

PROMOTIONS

Acting Medical Inspector

Young, Dr. Bascom B., from assistant director, Harlem Valley State Hospital, to acting medical inspector, November 1.

Assistant Director

Glasser, Dr. Frank B., from assistant director (on military item), Creedmoor State Hospital, to assistant director (permanent), Syracuse State School, September 1.

Hall, Dr. Robert J., from senior physician, Creedmoor State Hospital, to assistant director, Wassaic State School, October 31.

Milici, Dr. Pompeo, from senior physician to assistant director, Kings Park State Hospital, August 1.

Schwartz, Dr. Jerome H., from senior physician to assistant director (acting), Creedmoor State Hospital, December 22.

Associate Research Psychiatrist

Pacella, Dr. Bernard L., from assistant research psychiatrist to associate research psychiatrist (provisional), Psychiatric Institute and Hospital, September 16.

Senior Physician

Deutsch, Dr. Leopold, from physician to senior physician, Rockland State Hospital, September 16.

Handzel, Dr. Valerie, from physician to senior physician, Rockland State Hospital, September 16.

TRANSFERS

Assistant Director

Cohen, Dr. Jacob, assistant director, from Central Islip State Hospital to Newark State School, August 1.

Senior Physician

Abrahamer, Hyman W., senior physician, from Buffalo State Hospital to Creedmoor State Hospital, October 1.

Resident Physician

Tanowitz, Dr. Herman, resident physician, from Manhattan State Hospital to Brooklyn State Hospital, October 1.

ON LEAVE OF ABSENCE

Bickle, Dr. E. H., senior physician, Syracuse State School, June 18.

ON LEAVE OF ABSENCE FOR MILITARY OR NAVAL SERVICE

Quadfasel, Dr. Fred A., senior physician, Rockland State Hospital, September 16.

Tarantola, Dr. Paul I., physician, Brooklyn State Hospital, October 11.

RETURNED FROM LEAVE OF ABSENCE FOR MILITARY OR NAVAL SERVICE

Devine, Dr. Robert C., senior research dentist, Psychiatric Institute and Hospital, October 3.

Emma, Dr. Angelo J., physician, Brooklyn State Hospital, July 1.

RETIREMENT

Steen, Dr. Patricia H., senior physician, Kings Park State Hospital, July 6.

RESIGNATIONS

Senior Physician

D'Angelo, Dr. Ernani, senior physician, Kings Park State Hospital, October 31.

Physician

Boehm, Dr. Herbert, physician, Binghamton State Hospital, July 24.

Durney, Dr. Daniel P., physician, Brooklyn State Hospital, September 6.

Kokiel, Dr. Rebecca N., physician, Gowanda State Homeopathic Hospital, September 15.

Van Bark, Dr. Bella S., physician, Brooklyn State Hospital, September 16.

Wright, Floyd R., physician, Newark State School, July 1.

Resident Physician

DeGregorio, Peter J., resident physician, Creedmoor State Hospital, May 29, 1944.

Dreyfus, Dr. Albert, resident physician, Harlem Valley State Hospital (to accept commission in United States Army), December 25.

Hodgskin, Dr. Philip T., resident physician, Creedmoor State Hospital, December 16.

Jonap, Dr. Stephen, resident physician, Brooklyn State Hospital, October 9.

Kris, Dr. Else, resident physician, Pilgrim State Hospital, December 5.

Kris, Dr. Ludwig, resident physician, Pilgrim State Hospital, December 4.

Lawrence, Dr. Cornelia, resident physician, Hudson River State Hospital, October 8.

Nelson, Dr. Phyllis, resident physician, Pilgrim State Hospital, August 8.

Racz, Dr. Frank, resident physician, Brooklyn State Hospital, August 31.

Rose, Dr. S. Paul, resident physician, Pilgrim State Hospital, December 2.

Rosenbaum, Dr. Irving, resident physician, Brooklyn State Hospital, November 26.

Rudin, Dr. David, resident physician, Brooklyn State Hospital, October 24.

Schaeffer, Dr. Michael B., resident physician, Utica State Hospital, September 30.

Medical Interne

Comer, Dr. Elma M., medical interne, Psychiatric Institute and Hospital, December 31.

Dakin, Dr. Alice R., medical interne, Psychiatric Institute and Hospital, August 17.

Fleischmann, Dr. Edna, medical interne, Psychiatric Institute and Hospital, December 31.

Hoefler, Dr. Maria, medical interne, Psychiatric Institute and Hospital, September 30.

Pearce, Dr. Jane E., medical interne, Psychiatric Institute and Hospital, August 31.

Medical Externe

Levine, Dr. Lena, medical externe, Psychiatric Institute and Hospital, December 31.

Naftalin, Dr. Moses, medical externe, Psychiatric Institute and Hospital, December 31.

Rubenstein, Dr. Joseph, medical externe, Psychiatric Institute and Hospital, November 7.

Sohler, Dr. Theodore P., medical externe, Psychiatric Institute and Hospital, July 1.

Spiegel, Dr. Rose, medical externe, Psychiatric Institute and Hospital, July 7.

Senior Research Dentist

Bien, Dr. Saul M., senior research dentist, Psychiatric Institute and Hospital, October 2.

Resident Dentist

Stephens, Dr. Kirk A., resident dentist, Creedmoor State Hospital, August 5.

DEATH

Leffel, Dr. Samuel L., physician, Rockland State Hospital, September 9.

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- Gralnick, Alexander: Pulmonary edema and electrocardiographic findings resembling coronary occlusion in insulin treatment. *PSYCHIAT. QUART.*, 18:4, 650-659, October, 1944.
- Pleasure, Hyman: Malaria treatment for general paresis in the presence of pulmonary tuberculosis. *PSYCHIAT. QUART.*, 18:4, 547-566, October, 1944.

KINGS PARK

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- A child needs to like himself. *Parents Mag.*, 19, September, 1944.
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- A note on the treatment of aggression in emotionally disturbed children. *PSYCHIAT. QUART.*, 18:667-673, October, 1944.

MANHATTAN

- Davidson, Gerson M.: The final common path of the total personality. *PSYCHIAT. QUART.*, 18:2, 459-476, July, 1944.

PILGRIM

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- The "placing-into-mouth" and coprophagic habits. Studied from a view of comparative developmental psychology. *J. N. M. D.*, 99:959, June, 1944.

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Worthing, Harry J.: Intramural hearings on writs of habeas corpus. (With Bigelow, Newton J. T.). *PSYCHIAT. QUART.*, 18:4, 582, October, 1944.

ROCHESTER

Pollaek, Benjamin: The masquerade of life—the problem of emotional adjustment. *Clin. Med.*, 51:11, 314-319, November, 1944.

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ST. LAWRENCE

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STATE INSTITUTIONS

NEWARK STATE SCHOOL

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ADMINISTRATIVE OFFICES

OFFICE OF COMMISSIONER

MacCurdy, Frederick: Public mental hospital administration. (Paper read at one hundredth anniversary meeting of American Psychiatric Association, Philadelphia, May 16.) *Ment. Hyg. News*, September-October, 1944.

Bigelow, Newton J. T.: The child guidance clinic—its value to the community. (Address before Utica Council of Social Agencies, October 24.) *Ment. Hyg. News*, November-December, 1944.

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Crutcher, Hester B.: Foster Family Care of Mental Patients. Published by Commonwealth Fund, October 11, 1944.

ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

STATE HOSPITALS

BINGHAMTON

Gregory, Hugh S.: How the clergy may help in the prevention of mental disease by reason of personal counseling. Before Binghamton Ministerial Association, November 13.

Participation in panel discussion, under auspices of southern district of New York State Family Economics Association on "Planning for the Needs of Returning Soldiers."

Hurdum, Herman M.: Psychiatric Aspects of Rehabilitation of Returned Service Men. Before Industrial Nurses' Association, Johnson City, December 5.

Schutzer, Ulysses: Technique and indication for shock therapy in mental diseases. Talk illustrated with moving pictures. Before Public Health Nurses' Association of Otsego County, September 20.

BROOKLYN

Bellinger, Clarence H.: Paper on organization and management of shock therapy. Presented at meeting of American Hospital Association, Cleveland, October 5.

Beckenstein, Nathan: Lecture and clinical demonstration to students from Hunter College, November 4.

Lecture and clinical demonstration to graduate students in mental hygiene from the College of the City of New York, December 9.

Terrence, Christopher F.: Lectures and clinical demonstrations to teachers and guidance counselors from Boys' High School, October 28; to students from New York University, December 15.

Tamarin, Sidney L.: Lectures and clinical demonstrations to students from Manual Training High School, October 28; to students from Long Island University, December 2.

Gold, Leonard S.: Lecture and clinical demonstration to students in abnormal psychology from Wagner Memorial Lutheran College, July 25.

Korman, Samuel H.: Lecture and clinical demonstration to students from Wagner Memorial Lutheran College, October 6; tour of hospital wards, and lecture to students from Brooklyn College, November 24.

Racz, Frank: Lecture and clinical demonstration to students from New York University, July 27.

BUFFALO

- Fletcher, C.: The common attitude of the general practitioner toward psychiatry. Before Maimonides Club, October 23.
- Faver, H. E.: The psychiatric C. D. D., in industry. Before DuPont Industrial Group, October 19.
- Neurotic symptoms. Before Maimonides Club, October 23.
- Rehabilitation of returned soldiers in industry. Before Industrial Physicians' Group, November 9.
- Levin, H. L.: Demonstration of cases of organic and functional psychoses illustrating the relationship of psychiatry to educational and social problems. To psychology and sociology classes of University of Buffalo and State Teachers' College, July 29 and August 5.
- Epilepsy and crime. Before Maimonides Club, October 23.
- Wholesome personality. Before Temple Beth Zion Sisterhood, evening group, October 25.
- Yost, M. A.: Common psychosomatic syndromes. At Buffalo General Hospital luncheon, September 19.
- Presentation of cases of paranoia, paresis and alcoholic Korsakoff's. Before Maimonides Club, October 23.
- Postwar plans for psychiatry. Before dental hygienists' association, Buffalo, November 14.

CENTRAL ISLIP

- Rosenberg, Ralph: Alfred Adler's contributions to psychoanalysis. Didactic lecture to postgraduate students at the American Institute for Psychoanalysis, New York City, October 30.
- Rodgers, Arthur G., Jr.: Lecture on psychiatry with demonstrations of case material to a class of 25 students from Hofstra College, November 25.
- McLaughlin, Dorothy D.: The profession of nursing. Address to students of Long Island City high school, November 2; and to students of New Utrecht High School, Brooklyn, December 1.
- The practical nurse. Address to nurses of District 16, Westchester County, of New York State Nurses' Association, Yonkers, December 19.

CREEDMOOR

- LaBurt, H. A.: The function of a State hospital in the community. To Kings Manor Association, Jamaica, October 19.
- Psychiatry and the war. Radio address, Station WKIP, November 6.
- Psychology of juvenile delinquency. To Big Brother Movement of Queens County, Jamaica, November 28.
- Relationships of psychiatry and education. Talk to high school teachers conference, Queens County, Woodrow Wilson High School, Jamaica, December 11.

GOWANDA

- Bohn, Ralph W.: The psychiatric hospital. To Cattaraugus County public health nurses, October 19.

HARLEM VALLEY

- Carmichael, Donald M.: Introduction to psychiatry. Before Grey Ladies of American Red Cross of New Rochelle and Scarsdale, October 13 and November 16.
- Kutash, Samuel: Projective techniques in psychopathological diagnosis. Lecture to department of psychology, New York University, November 20.

HUDSON RIVER

- Groom, Wirt C.: The care and treatment of the mentally ill. To a group from the junior league of Poughkeepsie, July 7.
- Notkin, John Y.: Instruction in clinical neurology. To matriculates of the New York Post-Graduate Medical School, Columbia University.
- Lewis, C. Vaughan: War and postwar psychiatric problems. Radio address, auspices of Dutchess County Medical Society, over WKIP, December 18.

KINGS PARK

- Wolberg, Lewis R.: Postgraduate course on psychiatry and psychoanalysis. At New York Medical School, Flower-Fifth Avenue Hospital, December to March.
- Lectures in psychiatry. To sophomore class, New York Medical School, Flower-Fifth Avenue Hospital, March to May.
- Seminar on hypnosis as a psychotherapeutic adjunct under the auspices of the Society for the Advancement of Psychotherapy, October to December.

MANHATTAN

- Travis, John H., and Wolfson, Isaac N.: Lectures and clinical demonstrations of psychiatric cases to students of New York Medical College (Flower) from October 9 to December 18.
- Travis, John H., and Stein, Nobe E.: Demonstrations and discussion of psychiatric cases to 20 second-year Cornell medical students, June 2 and 9.
- Davidson, Gerson M.: Lectures and clinical demonstrations to students of the school of social work, Fordham University, from June 20 to November 28.
- Lectures and clinical demonstrations of psychiatric disorders to 25 students of the department of psychology, Hunter College, from July 6 to November 17.
- Lectures and clinical demonstrations of psychiatric cases to 25 United States soldiers from the College of the City of New York, September 6.
- Lecture and clinical demonstration on organic psychoses to a group of students from City College, November 4.
- Kusch, Ernest A.: Lectures and clinical demonstrations of psychiatric cases to 42 army medical officers from June 7 to 28.
- Daniel, Bruno: Lectures and demonstrations on shock treatment to a group of social workers of the community service society of New York City, June 26 and November 17.
- Demonstration of shock unit to a group of students from the school of social work, Fordham University, November 6 and 24.
- Demonstration of shock unit to a group of students from New York Medical College (Flower), November 22.
- Edgar, Paul H.: Clinical demonstration of psychiatric cases to students of the New York Medical College (Flower).

MARCY

- Black, N. D., and Harter, H. M.: Lecture and demonstration of insulin convulsive therapy for 12 students in abnormal psychology, accompanied by Professor Nordberg, Hartwick College, August 14.
- Black, N. D.: Conductor of staff conference and round table discussion for Professor Foley and 15 students in abnormal psychology from Colgate University, November 1.

Conductor of staff conference and round table discussion for Professor Garland and 19 final year premedical students from Colgate University, November 28.

Howard, J. A.: Conductor of staff conference and round table discussion for Professors Garland and Rogers and 27 final year premedical and abnormal psychology students from Colgate University, December 5.

PILGRIM

Brill, Henry (with Col. Collins): Neurological clinics and demonstrations at this hospital on Saturdays at 10 a. m. and 12 noon, for the staff of the Mason General Hospital.

Brussel, James A.: The neuropsychiatrist and separation center work. Address to medical, dental and veterinary officers, Fort Dix, N. J., October 4.

Mental deficiency. Lecture and presentation of the Wechsler (Army Modified) Test, to medical department officers, Fort Dix, N. J., October 17.

ROCHESTER

Slaght, Kenneth K.: The neuropsychiatric veteran. Address, extension school, University of Rochester, Catherine Strong Hall, November 29.

Pollack, Benjamin: The growth and significance of personality adjustment. Clinic presentation to sociology classes from State Teachers' College, Brockport, July 24.

The interpretation and management of emotional and conduct disorders commonly met by the minister. Talk to theological students, council of clinical training, July 26.

Lemmle, Malwina T.: Alcoholism. Talk to theological students, council of clinical training, July 21.

ROCKLAND

Miller, Joseph S. A.: Lecture and demonstration of clinical cases of primary behavior disorders in children, to medical students of the College of Physicians and Surgeons, Columbia University, August 21.

Johnson, H. K.: The psychiatric speciality. Before Lutheran Ministers' Association, Bergen County, N. J., October 16.

Series of 11 lectures and clinics for a group of students from Union Theological Seminary, New York City, from October 7 to December 16.

130 ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

Kleiman, Charles: Statistical analysis of State hospital material—diagnosis and treatment. Before medical officers of Camp Shanks, July 13.

Problems in mental hygiene, preventative and therapeutic. Lecture tour of the hospital for postgraduate students of New York University, July 27.

Emotional disorders and their treatment. Lecture tours of the hospital for groups of officers and Red Cross personnel of Camp Shanks, during June.

Clardy, Ed Rucker: Problem of the postwar adjustment of children. Before parent-teacher association of Monsey, December 12.

ST. LAWRENCE

Howard, Clifford E.: Military psychiatry. Before members of Potsdam Rotary Club, November 22.

Brown, Alta K.: Chorea. Jacobs, Milton: Convulsive and allied conditions: Papers before hospital medical staff and workers in allied fields, illustrated by films from the New York University Film Library. At the first of a series of meetings to be held monthly at which neurological and psychiatric subjects will be presented by staff members, September 25.

Feinstein, Samuel: Muscular affections including atrophies, dystrophies and allied subjects. Illustrated by films. At the second of the meetings of the medical staff and allied workers, October 30.

Dollar, Helen: Epidemic encephalitis. Lazar, Martin: Friedreich's hereditary ataxia and Little's Disease. A third meeting of series, December 18.

UTICA

Merriman, Willis E.: Mental hygiene and the church. Address to the Clericus of Utica and vicinity at Grace Church parish house, Utica, November 6.

Kranz, Lena A.: Nursing and the need for more nurses. Address to high school students at Utica Free Academy, December 8.

WILLARD

Pamphilon, Walter M.: Address to health officers, June 15.

Guthiel, George N.: Clinic to student nurses from Auburn City Hospital, November 14.

Raffaele, Angelo J.: Electroshock therapy. To Seneca County Medical Society, October 12. To Waterloo-Seneca Falls Nurses' Association, October 16.

Bloom, Ruth S.: Head nurses' program. Address at meeting of Central New York League of Nursing Education, Syracuse, October 19.

PSYCHIATRIC INSTITUTE AND HOSPITAL

Lewis, N. D. C. (with cooperation of entire Institute staff and guest instructors): Course, in conjunction with Columbia University, in neuropsychiatry for 35 selected army officers, covering the whole field of neuropsychiatry, from November 20 to February 20, 1945.

Daltroff, W.: The normal psychic development of children. Before the parent-teacher group at Public School 187, November 21.

Ferraro, A.: Ocular involvement in demyelinating diseases. At New York Society for Clinical Ophthalmology, New York Academy of Medicine, December 4.

Recent advances and progressive trends of neuropathology in psychiatry. Presented at the Quarterly Conference, Department of Mental Hygiene, at the New York State Psychiatric Institute and Hospital, December 13.

Hinsie, L. E.: Mental hygiene. Before men's club, Fort Washington Collegiate Church, New York, December 14.

Hoch, P. H.: The present status of narcodiagnosis and therapy. Before the New York Psychiatric Society, October.

Landis, C.: Theories of the alcoholic personality. Before Yale University School on Alcohol Studies, New Haven, July 18; also at the neuropsychiatric symposium, College of Medicine, University of Illinois, Chicago, September 9.

Lewis, N. D. C.: Psychologic aspects of readjustment to the civilian status: The postwar challenge to mental hygiene. Before the New Jersey Education Association, annual convention, Manhattan Center, November 10.

Review of the research work of the New York State Psychiatric Institute and Hospital for the year 1944. At the Quarterly Conference, Department of Mental Hygiene, at the Psychiatric Institute, December 12.

132 ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

Pacella, B. L.: Electroencephalography: Application in psychiatry. Discussion of electronarcosis and Reiter electrostimulator. At the bi-monthly conference, Pilgrim State Hospital, June 29.

Full-time course in clinical electroencephalography, given to physicians specializing in neurology and psychiatry through the auspices of Columbia University, New York Post-Graduate Medical School and Hospital, December 4 to 9.

Polatin, P.: Principles of psychiatry. Lecture and clinical demonstration to students in abnormal psychology, Columbia University, at Psychiatric Institute, September 7.

Abnormal psychology. Lecture and clinical demonstration to members of psychology club, Brooklyn College, at Psychiatric Institute, November 17.

Waelsch, H.: Biochemical aspects of glutamic acid therapy in epilepsy. Before the Montreal Medico-Chirurgical Society, Montreal, November 21.

SYRACUSE PSYCHOPATHIC HOSPITAL

Steckel, Harry A.: Psychiatric aspects of rehabilitation. Before Veterans' Information and Service Center, United States Employment Service of the War Manpower Commission, Syracuse, November 17.

Fleiss, Arthur N.: Neuroses. Before a group of business and professional men at the Hamilton Club, Hamilton.

STATE INSTITUTIONS

NEWARK STATE SCHOOL

Cohen, Jacob: A talk and demonstration clinic to a group of cadet nurses in training at Keuka College, September 8.

A talk and demonstration clinic to a class in sociology of the University of Rochester, November 13.

Derby, Irving M.: Growth of blood transfusion. Before Army Wives' Club, Newark, November 24.

The medical profession. Before Hi-Y Club, Newark, December 6.

ROME STATE SCHOOL

Etling, George F.: Lectures on neurology for the cadet nurses at Rome City Hospital, November 13, 14, 15, 16, 17, 20, 21 and 22.

Millias, Ward W.: Lecture and clinical demonstration of cases of mental deficiency to a group of premedical students from Hamilton College, August 26.

Lecture and walking clinic through the institution to demonstrate types and methods of care for mental defectives for a class in sociology from Colgate University, September 14.

Lectures on endocrinology for the cadet nurses at Rome City Hospital, October 30 and 31, November 1, 2, 3, 6 and 7.

Lecture and clinical demonstration of mental defective cases for students in sociology at Colgate University, November 15.

Lecture and clinical demonstration of mental defective cases for nurses from Utica Central School of Nursing, November 24.

SYRACUSE STATE SCHOOL

Bisgrove, S. W.: Admission procedures of mental defectives to State institutions. To a group of public school and public health nurses taking a postgraduate course at the summer school of nursing, Syracuse Medical College, August 3.

Mental deficiency. Two lectures to second year medical students of Syracuse University, October 24 and 26.

Mental deficiency. Clinical lecture to student nurses of Syracuse Memorial Hospital, November 15.

Glasser, F. B.: Mental deficiency. Clinical lecture, with demonstration of cases, to student nurses of Syracuse Memorial Hospital, November 16.

WASSAIC STATE SCHOOL

Depner, Rudolph J.: Clinical demonstration with lecture on mental deficiency. To Harlem Valley State Hospital nurses and affiliates, August 29 and November 27.

CRAIG COLONY

Veeder, Willard H.: Talk on the emotions. Before Craig Colony Nurses' Alumni Association, October 3.

Talk on mental disease. Before Mt. Morris Rotary Club, December 26.

Doolittle, George M.: Clinic and discussion on epilepsy for a group of students from the Buffalo State Normal School and representatives from the Batavia School for the Blind, November 18.

ADMINISTRATIVE OFFICES

OFFICE OF THE COMMISSIONER

MacCurdy, Frederick: Address at graduation exercises, school of nursing, Willard State Hospital, September 7.

Address at graduation exercises, school of nursing, Kings Park State Hospital, September 15.

Address at nurses' alumni association, Utica, September 26.

Address at meeting of principals of nurses' training schools, Department of Mental Hygiene, Albany, October 25.

Address at meeting of veterans' committee, Chancellor's Hall, Albany, December 14.

Bigelow, Newton J. T.: The child guidance clinic—its value to the community. Address before Utica Council of Social Agencies, October 24.

Pense, Arthur W.: Housing for the aged. Contribution to panel discussion at New York State Conference on Social Work, Rochester, November 16.

DIVISION OF PREVENTION

Cohen, Donald M.: Long range prognosis of child guidance clinic cases. Report read at quarterly conference of Department, Hudson River State Hospital, October 18.

OFFICE OF DIRECTOR OF PSYCHIATRIC SOCIAL WORK

Crutcher, Hester B.: Social work in a mental hospital. To students of the New York School of Social Work, August 7.

The mental health of the aged. Before the New York State Conference of Social Work, Rochester, November 15.

Ingle, Dana L.: Attitude and problems of the returned military personnel. Before nurses' district association, Troy, November 18.

EDITORIAL COMMENT

MEN WANTED!

Somebody ought to tell Congress and the surgeons general that a good military nurse need not bear a resemblance to, or wear the costume of, Florence Nightingale. They should know that just as women under certain conditions of education and training may become good surgeons and physicians, so men may also, when they have undergone the prescribed regimen of education and practice, become good military nurses. In the midst of the turmoil over the drafting of women nurses, our national legislators might make note of that.

There was a time when women were credited with aptitudes which made the work of the sickroom natural to them. Such were the "natural born" nurses. Nowadays the aptitudes and the natural-born qualities are discounted, and would-be practitioners are required to take rigid courses of instruction and training in the science and art of nursing. Opportunities for this professional training have been open for many years to men as well as to women.

It is in despite of this situation that letters received in this country from medical officers serving overseas indicate a pitiful shortage of trained personnel in the army hospitals as well as on the actual field of battle and in combat area dressing stations. At the same time, consternation is voiced by authorities of civilian hospitals at home over the prospect of the wholesale drafting of nurses for military service. The Red Cross—through its Gray Ladies—and other organizations have helped materially, but partly-trained assistants cannot and should not have responsibility beyond their experience. In the presence of this dilemma, thoughtful persons are wondering why it is that literally thousands of well-trained and experienced male nurses, however eager they may be to serve in their professional capacities in the armed forces, are refused such employment by the surgeons general. In the military service, as in civil life, there are many situations where the employment of registered men nurses would serve an admirable purpose. It is true that women nurses have shown commendable courage and heroism in assignments involving hardship and danger, but there have been occasions when the need for well-trained male nurses has been acutely felt.

There are now but few who can remember the heated controversy that waged around the proposal to admit women nurses into the army and the even more heated discussion over their admission into the navy. Many army surgeons bitterly opposed the induction of women; and dire predic-

tions were made of its inevitable failure. But the success which women nurses have achieved in the services is a shining mark which should guide the Congress and the surgeons general at this time. A registered male nurse writes home from overseas saying that he has been assigned to duty as a carpenter. In the base hospitals in England, medical corpsmen are doing a poor job, from lack of training and experience, in caring for mental patients when there are at the same time thousands of well-trained graduates of state hospital nursing schools, available in this country or already inducted into the armed forces, who are being overlooked while the cry goes up for more nurses. Incidentally, it is in psychiatric work in the larger civilian mental hospitals that the male nurse has come the nearest to achieving an indispensable status.

In the newspapers, are to be found printed accounts and pictures of medical corpsmen administering serum, giving emergency care to the wounded in the field and aboard ship, so that one wonders why the prejudice against male nurses continues to exist. The reason advanced for this absurd situation is not a reason at all but is merely an excuse. The matter could be remedied with little trouble by revision of the law which was adopted when the nurse corps was established about 40 years ago and which contained the phrase: "The wounded and ill shall be nursed by nurses, female."

If Congress, instead of spending hours debating topics such as whether a pet dog may be lawfully shipped by airplane, would turn its attention to amending, by eliminating the word *female*, the federal law which established the nurse corps, thousands of useful but improperly employed men now in the service and other thousands not yet called in the draft but fit to serve as nurses and eager to do so, would be made instantly available. When the suggestion was originally made to commission nurses inducted into the armed forces—thereby giving them officer status—the innovation was nothing less than poison to many plethoric brass hats. To them, the very idea was preposterous. "Commissioning women in the army? What? It had never been done!" But it was done, and the nurses by their lady-like demeanor and professional efficiency quickly made themselves indispensable, as the present urgent call for more is evidence.

One does not like to believe that the precedent established years ago and now in force of commissioning only women nurses in the military service can be a bar to the admission of men to a similar status, although some persons seem to think that this is sufficient reason for the present barrier. Let the bars be removed, and let us take advantage of the opportunity to obtain more trained and skillful nurses who are willing and waiting to serve. Why draft women and refuse the professional services of trained and greatly needed men?

Since the founding of the Mills Training School, in connection with Bellevue Hospital, more than 50 years ago, the professional status of male nurses has not been questioned in the community. It has yet to be achieved in the armed forces.

RESTORED TO PREPSYCHOTIC PERSONALITY

It is related of one of the great caliphs of Bagdad that, upon being relieved of thirst in the desert, he remarked that he would have valued at half of his kingdom the saving cup of water if it had otherwise been unobtainable. "And," asked his jester, "what would you now give for relief if, after having once been drunk, this same water refused to leave your honorable body?" "The other half of my kingdom," said the monarch. And it is related that the caliph wept when the jester replied, "I suppose that an empire which you would give away for a cup of water and a jet of urine is worth all these cares and all these bloody wars."

Since recorded history began, there have been those among men who have wondered whether what was bought by bloodshed was worth the price of war. Today, only a fool would expect that we could buy a perfect world by the terrible cost of the present war. But uncounted numbers who are not fools are currently depressed over the prospects of inevitable failure to do so. And the worker in the field of mental disorder—being at least as human as everybody else—must occasionally alternate between wonder as to whether such a miserable world is worth living in and resignation to the fact that while this earth is in truth a somewhat lousy planet, it is the only one we have, and we might as well make the best of it. To his credit, if it be credit, we may believe that the psychotherapist tends to hold generally to the latter point of view, but any observer of popular reactions at this time must be struck by the mounting numbers of Americans who seem ready to express doubts as to whether any such unsatisfactory globe is worth living on, or at least worth dying for.

This attitude is not necessarily defeatism or Quislingism, although defeatists and Quislings have held it from the beginning; it is the natural, if extreme, reaction of perfectionist, idealistic people who see new blow after blow, delivered or threatened, to their perfectionist ideals. These discouraged folk do not anticipate military defeat—which is almost inconceivable—and they do not hope for a Nazi-Japanese victory; they simply question, in the light of turmoil in liberated Europe, in view of the outlook for Poland, Greece, Belgium, Yugoslavia and the Balkans, and in view of the armed half-truce between factions which is paralyzing China's fight against Japan, whether the peace when won will have been worth the fight for it.

It is, perhaps, profitable for the worker in psychiatry to apply his own professional point of view to this ancient question of whether what is achieved by conflict can ever counterbalance the blood spilled. It is a point of view which can be so illuminating that one must admit the frequent temptation to apply it unjustifiably, ignoring the world's obvious lack of such phenomena as psychiatric arithmetic—or Marxian geology or Presbyterian astronomy, for that matter. And the well-adjusted specialist should be able to enjoy occasionally a tenderloin steak, a Noel Coward comedy, a Cezanne landscape, a champagne cocktail or a Beethoven symphony without reaching at once for his professional yardstick to measure their component qualities. But the phenomenon of war bears such resemblance to phenomena with which the worker with mental disorder has daily dealings that consideration from the psychiatric viewpoint seems at least superficially warranted.

Superficially at least, today's world war is not unlike a world psychosis, a great outburst of uncalculating and destructive manic energy. Nearly two thousand million of the world's inhabitants, all but an inconsiderable fraction of those now alive on the earth, are involved to some degree in abnormal mass activities for which any individual among them would be subjected to mechanical restraint or confined to an institution. Superficially again, there is resemblance in this world outburst to the familiar cyclothymic states of individuals, in which furious spurts of abnormal energy burn themselves out, are succeeded by inactivity and depression and then break into pathologic violence again. Such is the history of individual cyclothymia; and such seems to be the history of modern war.

One would not desire to push this very superficial analogy too far. Even if deep analysis were to justify the doubtful thesis that a world war is a world psychosis, it could not be treated like one, for the therapists themselves would be involved in it. Such steps as can be taken must derive from the harried intelligences of men in general, of the common victims of the world disorder; the patients must help themselves; and if the analogy with psychosis is helpful here it can be only in the realization that it is a painful and discouraging process for a patient to help himself.

Yet we know that wars, like manic episodes, run their courses and terminate themselves. It is in that termination, we think, that the psychiatric point of view may have a useful application to a disorder affecting the world at large. The psychotherapist does not tear his hair or don sackcloth and ashes in discouragement if he cannot make a perfect personality out of his recovering patient. He is gratified if his initial efforts can bring about symptomatic improvement, pleased if the sick man can reach a "social remission," a mental state in which he can associate with his fellows

without undue interpersonal conflict, and he is generally satisfied if the patient can achieve a "complete remission," by which is usually meant a restoration of his prepsychotic personality with all the faults and weaknesses which existed before the mental breakdown. Rarely, if ever, does the therapist believe he has achieved that theoretical objective of a "cure," and rarely does he even have the temerity to hope for a "cure," which we may conceive as a state of complete personal adjustment of the patient to a difficult world, with his prepsychotic personality weaknesses eliminated. The professional worker, in fact, would seldom claim achievement of this goal for himself, let alone for the more seriously maladjusted whom he treats.

If goals for the treatment of individual disorder are thus set well within the limits of reasonable possibility, why set unreasonable goals as standards of remission from a world derangement? The ultimate objective, of course, is cure. But the world has been suffering from attacks of warfare ever since civilized history began; and there is every reason to think that even then it was no new activity. This is a long time as we read human annals, but a short time indeed as we reckon the total span of man upon the earth. Thus we know of wars for 350 or 400 generations, six or seven thousand years, and should, perhaps, not expect to achieve a world without war in one generation or two. But the prehistoric past of man may be ten or a hundred times the space of recorded history, 3,500 generations or many more; and in this vast perspective of time the ancient phenomenon of war is a recent occurrence; it may be a legend of a remote and inconceivably primitive era to our descendants of 350 or 400 generations hence—even though it is not apparent now to what constructive ends human aggression can be diverted. But one need not look far down the vista of the uncounted millennia, which are to come, to view reasonably attainable goals in the way of therapy for the world's periodic outbursts.

What our lives will be like when today's armies disband, we cannot foresee surely. We have reason to believe that conditions will be very unlike those of the recent past, that we shall have to cope with new economic, governmental and social problems and that new means will have to be devised to meet some of them. Interpersonal, intergroup and international relationships are likely to have differences in pattern—now subtle, now broad and apparent, from those with which we were familiar in the years between the two world wars. But no single clue which we have to the future—and there are many such clues—gives real reason to anticipate serious deterioration.

The worst which can now be reasonably anticipated is, in the event of failure to achieve a world organization, a peace of armed isolationist powers. It would not be an altogether pleasant outlook, for a future world out-

break would seem to be inevitable in such a setting; and future outbreaks promise to be even more devastating than those of the past; but the chances of postponing new war for a generation or two would appear better in this event than in the prewar system of armed isolation in which Nazi Germany was deliberately planning on military aggression. In the language of psychiatry, even this drab outlook is considerably better than "symptomatic improvement," is somewhat better than a "social remission," and is not far removed from the state of "complete remission," in that the world will have regained its prepsychotic or prewar personality, with all the faults and weaknesses which existed before the breakdown.

We may reasonably expect something much better than this. Far more likely than armed isolationism of the present allied powers is their peaceful division of the world into spheres of influence with a more or less lasting alliance set up among four or five of the present leading nations. If future wars would still seem to be inevitable, they would also seem more remote than under a system of untrammelled armed isolationism. A psychiatrist, having in mind the state of this planet before the Nazi outburst, would surely have no hesitation in applying to this arrangement of international affairs the term "complete remission."

But the chances are still better for an even more hopeful structure than this. Some sort of world league of the victors and civilized neutrals seems fairly certain of establishment. It also seems fairly certain that its establishment will involve new injustices which it was hoped to avoid and old ones which it was hoped the peace would not perpetuate; it is certain already that the Finns will be dissatisfied, almost certain that the Poles and the Greeks will be; it is sure that satisfactory reparation can never be made to the French, the Belgians, the Norwegians and the Dutch; it is inevitable that there will be long-continued suffering in the Balkans and China; it is certain that in the larger victor nations there will be much complaint that the punishment does not fit the crimes of Germany and Japan, whatever the terms of that punishment may be. If the alternative to such matters is an immediate third world war, and it looks as if it might be, the peace will have these thoroughly unsatisfactory features, to say the least.

Even at its best, the world after the peace will hardly be what we have hoped and worked for and what we may still hope and work for. But its state at the worst is likely to be such that any psychotherapist would consider comparable progress in an individual highly satisfactory; and its state at an imperfect best would probably be considered in an individual as demonstrating more than encouraging gains toward the goal of full emotional and social maturity.

The well-adjusted mental specialist is not precipitated into a reactive depression by the realization that the last state of his patient is not very much better than the prepsychotic first. But there seems to be an all-too-popular trend right now toward general depression precipitated by prospects that the world will not be cured when peace is signed but merely show material improvement over its prewar condition. This depression is expressed in newspaper editorials, interviews, sermons, in published forebodings; in private dejection that perfection has not been achieved by the victors in dealings with Italy, Poland and Greece; and in open jeers by certain "realists" at what they consider the confounding of the starry-eyed internationalist dreamers and all their works. This attitude is no threat to ultimate military victory. But its spread may prolong the military operations, hurt the morale of the army and impair the reasonably good prospects of a settlement which will be considerably in advance of the prewar peace.

The psychiatric perspective would be of some use here. The worker in psychiatry anticipates that well-planned measures will benefit the patient symptomatically, works to restore him to a place in society even with residual symptoms, hopes for recovery to his prepsychotic personality and is both astonished and pleased if he shows maturity above the level of his prepsychotic development. If a somewhat similar popular attitude could be brought about, there might be improved prospects for a reasonably satisfactory and reasonably durable peace. We would not be thrown generally into depression by prospects of something less than idealistic perfection and might be more willing to cooperate in working with the imperfect instruments we shall have. We would not, of course, discontinue all efforts for world improvement with the reattainment of the more or less satisfactory state of truce which everybody anticipates. The therapist may be gratified by "complete remission," but he strives, nevertheless, to produce a "cure." And sometimes, he has reason to believe, he actually obtains a "cure."



A NOTE ON NOMENCLATURE

"Hygeia," the health magazine for laymen, reports in "Health in the Headlines," its "exchange" department, concerning a recent article in the scientific periodical, "War Medicine," on the psychoneuroses of war.* The article, says the "Hygeia" commentator, reports an "incredibly high" percentage of family histories of navy men discharged for psychiatric disabilities, which show emotional instability, alcoholism, mental disorder, tuberculosis and other disease, while childhood medical histories have a large proportion of both emotional and physical disorders. "Hygeia" reports

*Health in the headlines. R. M. Cunningham, Jr. *Hygeia*, 22:10, 784, October, 1944.

the original authors' conclusion that most of the men so discharged are not psychoneurotic except "superficially or symptomatically," together with the suggestion that a more appropriate label for their type of disorder would be "constitutionally inadequate" or "biologically inferior."

This is an interesting example of medical invective. "War Medicine" is a publication for physicians and other professional personnel. Even in face of increasing skepticism by geneticists as to exactly what mental characteristics and emotional traits are inherited—current work suggests that even the I. Q. may be determined constitutionally only within broad limits, perhaps 10 points either way—it is not only proper but desirable to present the viewpoints of those stressing inheritance factors to their professional colleagues. There is no reasonable quarrel whatever with the presentation attributed to the "War Medicine" writers, however much one may differ from their conclusions. And—with the proviso that we have not seen the original scientific report—we also see no grounds for adverse criticism of what appears to be a competent digest of it.

But to present such material to the general public in a fashion to suggest that it is professionally accepted is another matter. We are all familiar with the results of Nazi distortion of the scientific facts of heredity to support the "master race" political system; and most persons are aware of efforts by the supporters of Marxian dialectics to overemphasize environmental factors. With or without ill intent, misinterpretations of science can have evil effects. One may assume that the intent here is of the best. "Health in the Headlines" is a well-selected, well-digested presentation of scientific material of general interest. As a department of an important periodical, it performs a recognized public health service. We are not criticizing that department or its general policy but are contending that if material of the sort under discussion is to be presented to the general public at all, it should be discussed with all the caution and qualifications a scientific writer would use in making note of Dr. John Doe's new "sure cancer cure."

We would be among the first to urge wide public knowledge, not suppression, of the fact, if it were indeed an established fact, that the breakdowns of most psychiatric rejectees from the services were due to faulty inheritance. But it is not an established fact, merely a hypothesis not accepted by the great majority of American psychiatrists and requiring a huge display of proof. To publish it in such fashion that wide numbers of innocent readers will accept it as fact is to handicap further the already almost insuperable task of rehabilitating our psychiatric casualties. If these men were ordained from birth to be "inadequate" and "inferior," it is senseless to attempt to do anything about it. Why bother to try?

BOOK REVIEWS

Brainstorm. By CARLTON BROWN. 302 pages. Cloth. Farrar and Rinehart, Inc. New York. 1944. Price \$2.75.

This book, widely reviewed as fiction with a factual basis, is stated in the author's introduction to be the biography—in fact, autobiography, since it is reported in the first person in what are said to be the narrator's own words—of a young writer who went through an acute psychotic episode. Mr. Brown, frankly calling himself a “ghost” devotes 31 pages to a summary of the important chronological and psychological events in the life of his “close friend,” pseudonym “Michael Kelly Jones,” as an introduction to the autobiographical material. The rest of the book may be presumed to be Mr. Jones' own report of his life from May, 1940, through April, 1941. It begins with the final separation from his wife after seven years of an unhappy marriage which was entered into in the first place because of the girl's pregnancy. It records in detail the development of a florid psychosis, with both affective and schizophrenic features, the removal of the narrator in July from the World's Fair grounds where he had been demonstrating that he was a new messiah, “the jitterbug Christ,” to Bellevue, and thence to a State hospital, from which he was discharged, greatly improved, in September, to resume his life as a writer in New York. By April, 1941, when the book concludes, his recovery may be presumed to have been complete.

“Brainstorm” has been received by many critics as an important book, and this reviewer believes it is one. In the 33 years since Clifford Beers wrote “A Mind That Found Itself,” there have been several times when the literary market was threatened with a flood of autobiographical and fictional narratives of the experiences of mental patients. Few of them have found a wide public. “Brainstorm,” however, seems likely to do so. It will inspire no new mental hygiene movement, but it is better adapted for popular appeal than any work on the subject this reviewer has seen since Beers'. “Michael Kelly Jones” or his “ghost” or amanuensis is a skilled, professional writer with a well-developed sense of humor and a strong feeling for the dramatic. His life story is unconventional from the beginning, with many sex episodes reported; his psychosis was unusually florid; his memory of psychotic episodes is extraordinarily good; and the whole story has had close and competent editorial attention. Since the writing is objective and the author's insight good, this book might serve as an excellent introduction to a serious study of “Mr. Jones'” particular type of psychopathology.

Because this volume will be taken seriously by a great many people, what the author has to say about his hospitalization and treatment is of interest to every worker in New York's State hospitals. He has no serious complaints to make about Bellevue, but his report of the State hospital system is such that enraged literary critics have been inspired to severe denunciation and demands for reform. The author discovered, like many another sensitive patient who retains partial contact with reality, that there is great suffering in mental institutions and that life on a large ward under the restrictions of State hospital rules is not, in all cases, precisely satisfactory therapy. He found the food bad. If his recollection is to be trusted, and one judges from his book that it is good on the whole, he encountered sporadic and somewhat peculiar psychotherapeutic treatment.

On the whole, "Mr. Jones" sums it up, the State hospital to which he was taken "was and probably remains a fester of brutal and corrupt mismanagement." He specifically alleges, and recounts with circumstantiality and detail, a severe beating by attendants. These are matters which cannot be lightly dismissed. Every worker in the State hospital system knows that it has its faults and needs improvement. There has already been a drastic reorganization; and efforts are now being made to improve some of the very conditions of which "Brainstorm's" author complains. Better food, better housing, larger and better trained medical staffs are among the objectives which the Department now earnestly hopes to achieve after the war, and definite and extensive programs are now being drafted toward these ends.

The problem of attendants is not solved and, perhaps, not yet on the way to solution. One need not pass judgment on whether "Mr. Jones" was beaten on his admission to State hospital. He admits illusions at the time; and some of them sound like hallucinations, in spite of his own doubts of the latter. Also, we all know of the patient who complains bitterly of beatings or other abuse when he is discharged as "greatly improved," but who denies this when fully recovered. But he could have been beaten. So far as we know, no satisfactory way has ever been put into effect to screen out all brutes, all sadists, or all persons subject to violent rages when recruiting large bodies of men and women. Attendants in State (or private) mental hospitals are not exceptions. Brutal and otherwise unfit persons are not always detected at the employment office. It would be stupid to deny that such persons abuse patients; court and hospital disciplinary records show it. Furthermore, we know that brutal prison guards may beat prisoners, that sadistic officers and noncommissioned officers may violate Army Regulations and strike men under their command, that "tough" policemen sometimes use more violence than is necessary, and that there have

been instances where the police have beaten innocent and inoffensive citizens. Similarly, no way has ever been found to bar sadists from any occupation; sadists will be found among industrialists, union leaders, judges, legislators, journalists, nurses and physicians.

This is not a defense. In one sense, no defense is needed, for it is self-evident that we cannot attain perfection in attendant personnel. We can select until brutality is highly exceptional, as we endeavor to do; and we can punish swiftly and drastically when brutality is detected, as we already do. But we must do more, if we are to reply adequately when the exceptional articulate patient either encounters or believes he encounters exceptional brutality and finds an audience for his real or hallucinated wrongs as large as the audience which will listen to "Michael Kelly Jones'" complaints of his sufferings. We should also do more without such spur—merely for the sake of our patients. No past system of selecting attendants has been ideal. The prewar system in New York State has not been improved upon either by employment through the Civil Service Department or by wartime emergency recruitment. Physique, education and I. Q. are less important in the selection of attendants than tolerance, kindness, sympathy and sound personality organization generally. Neither past nor present examination systems have provided for adequate evaluation of such factors. The present system of temporary employment and service rating is no substitute. But if there could be such evaluation by competent professional boards, in addition to the present civil service requirements, as part of the essential qualifications for the work, the character of the attendants' group might be improved materially. Increased medical staffs after the war and the proposed addition of a clinical psychologist's item to each hospital might make such a procedure practicable.

The Golden Rooms. By VARDIS FISHER. 324 pages. Cloth. The Vanguard Press. New York. 1944. Price \$2.50.

This is a story intended to portray the life of the cave man. It is divided into two sections representing two groups. The first, of which Harg is the hero, is the more primitive. He discovers how to make fire which was theretofore unknown to his tribe. The story depicts the daily life of these hairy creatures who walked upright but not erect. Their words were few and expressed in grunts and guttural sounds but they could communicate their thoughts to a limited extent—*danger, enemy, dead, come, look* and *listen* accompanied by gestures.

They had but little skill in hunting and lived upon eggs, insects, snakes, newly hatched birds, nuts, roots and berries. Their weapons consisted only

of clubs and stone axes which they could use upon larger game when by chance they found it mired in quicksand or rendered helpless by some accident.

The second part describes another type of primitive cave dweller, Gode, and his group who were hunters. The men were over six feet in height with straight backs and heads erect upon the spine. For generations they had been hunters, using the bow and arrow as well as the lance. They were able to make garments of skins by sewing pieces together. Language had made more progress with this group than with the first. They had no fixed names as yet. Some who had special skills were called by names which implied this, but until a name was earned in that way the individuals were nameless. They had evolved a word for fire and had been accustomed to it but fire and he who made fire were called by the same name. Fire was that which shone or was bright. The fire was *gode* and he who made the fire was also *Gode*. Already the family group had a loose organization. The grandmother had authority over the other women and all the children. She had charge of such primitive industries as curing skins, storing food and maintaining the fire. Hence she was called *Marigg*. The name implied the ruler of the family group, the queen, the guardian and tutor. Children belonged to no one in particular after weaning; paternity was not thought of.

They partook of animal food and drank the blood because they believed it gave them strength and courage. Beasts that were swift or strong were esteemed for food but the hare and the jackal they ate only of necessity. The women did not attempt to imitate the warriors and did not make these distinctions in their food habits. They ate whatever animals they were able to obtain.

Their dwelling places were caverns, more comfortable and drier than those inhabited by the Harg group. The fire was maintained on the floor of the cave throughout the winter and the reflection of the flames against the stone walls suggested the title of the book.

Gode partly tamed a wolf cub whose mother he had killed. It followed him constantly and accepted food from him, ceasing to hunt, but would not come into the cave or allow itself to be touched by him. It was learning to assist in hunting game; and when it disappeared Gode assumed that it had been stolen and searched for it several times, but he made no attempt to get another in its place.

Gode and his companions discovered the cave inhabited by Harg and his family and did not recognize them as human beings. Their possession of fire was resented by the more intelligent group who considered them dangerous and set about to exterminate them. One small infant was spared, and Gode took it to his women. He supposed they would want it killed, but

they accepted it as an infant and began to feed and care for it. This surprised and troubled Gode. Was it a beast or a creature like himself? Was he right in killing its parents? He experienced fear, not remorse.

The men without exception were vain and delighted in childish ornaments. They obtained pigments and painted their faces and bodies brilliant hues of red and purple and spent time admiring themselves and each other. The women, on the other hand, made no attempt at ornamentation. Their interest was wholly occupied with maternal duties and taking care of the home. Going a step further, the men, at least those among them who had talent, spent much time in painting and scratching pictures on the rocks and the smooth walls of the caves. The pictures were of the animals they feared or pursued—lions, bears, deer, wolves and horses.

After the massacre of the Harg family and the strange attitude of Gode's women toward the infant, a change took place in Gode. He wondered if the women were right, if he had killed men smaller than himself and of a different appearance yet of his own class, an action which was wanton destruction for they had not offended in any way. Dreams were familiar to Gode's folks, as to all people; but, being without standards of conduct, they were not troubled by nightmares. After the murder of Harg, Gode's dreams began to be troubled. In his sleep, he saw inferior men pursuing and seeking him. He began to be often afraid, and awakened bathed in perspiration and shaking with terror. He returned to the scene of the massacre and buried the skeletons deeply in the ground with heavy rocks over them so the ghosts might not arise. Then, for the first time, he felt some relief, but he had acquired the idea of retribution and, from dreams, the idea of something within himself that was not physical. He began to speculate upon the unseen and so acquired the first dim conception of a soul.

The story closes with a description of a frightening thunder storm with heavy black clouds scudding before a fierce wind, with brilliant flashes of lightning accentuating the darkness of the sky. Gode, gazing awed and shaken with fear, witnessed it from the entrance of his cave which was on the mountainside. He fancied he could see figures of men and animals—figures of the horse, the wolf and other creatures hurrying in wild confusion and constantly changing. It was on the edge of the black and tumultuous cloud masses where light and darkness seemed to meet that lightning was playing like birchen twigs and thunder was booming from hidden throats—it was there Gode saw the ghosts seeking him in giant and more terrifying forms than he had ever experienced in his dreams. "Gode was weeping, and it was the first time a woman had ever heard her man weep. He was not weeping with tears; he had no such blessed relief as tears can give. He was making the dry and terrible sound of a man choked by ter-

rors, of a man driven by unutterable dread to abase himself in the strangled and heartbroken humility of what in its own way was the first human prayer."

The book is the product of extensive research and study and is well done, both from the points of anthropology and literature (if one makes the proviso that cultural levels and events which may in fact have been separated by whole ages of prehistory have been telescoped into a single generation for the legitimate purposes of swifter drama and heightened contrast); and also, it might be remarked, it makes interesting reading.

Large Scale Rorschach Techniques and Multiple Choice Test, A Manual for the Group Rorschach and Multiple Choice Test By M. R. HARROWER-ERICKSON, Acad. Dip., Ph.D., and M. E. STEINER, B. A., M. A. XI+419 pages. Cloth. Charles C. Thomas. Springfield, Ill. 1945. Price \$8.50.

This war has created an unprecedented demand for psychological as well as psychiatric examinations. This in turn has stimulated interest in valid but brief examination techniques. In the present book, the authors describe lucidly their adaptation of the Rorschach method to rapid mass administration and quick interpretation of the findings. They express their gratitude to many persons who aided them and particularly to the Josiah Macy, Jr., Foundation and its medical director, Dr. Frank Fremont-Smith, for continuous grants which made their work possible.

The authors speak of their procedure in the following words: "We have departed so far in fact from the essence of what Rorschach intended in the spontaneous unimpeded recording of responses that it is probably fairest to all concerned to consider it as an entirely different procedure rather than a further modification of the original method. For quite clearly a test which can be given and evaluated in a few minutes cannot hope to achieve the type of detailed analysis of the individual's personality which the Rorschach method achieves in the hands of a specialist. In the last analysis however in any program of screening out of the unfit, we are much less interested in knowing in detail why the individual is unfit, provided we can spot him."

Numerous statistical data are given to show the percentages of the unfit spotted by the Multiple Choice Test. These percentages vary considerably from group to group. A survey of the statistics shows that, other conditions being equal, superior intelligence aids in being recognized as "fit" and anxiety tends to make one recognized as "unfit" by the authors' test. Thus only 4 per cent of 74 superior adults, but 22 per cent of 36 elementary school students, were spotted as unfit. In a group of 308 summer school students, 90 had psychiatric interviews; 50 of them had only minor wor-

ries and anxieties and were not diagnosed. Of the 40 who were considered sufficiently disturbed to be diagnosed, 19 were diagnosed as anxiety tension state, five as adolescent reactions, five as psychopathic personalities, three as cases of incipient schizophrenia, one as fatigue neurosis, one as a compulsive obsessive neurosis, etc.

The greatest bearing upon the validity of the Multiple Choice Test is to be found in those studies in which not only those screened out by the test but also those unscreened by it were examined as to their fitness. Two such studies are noted in that part of the book which was written by Floyd O. Due, M. Erik Wright and Beatrice A. Wright. The percentages of those recognized either as fit or unfit by the test vary somewhat, according to where the dividing line between the fit and the unfit is drawn. If the dividing line is drawn so as to assure the highest possible degree of correct differentiation, then in the group of 1,100 navy personnel examined by Due, Wright and Wright, 393 of 731 neuropsychiatric patients would have been spotted as unfit for military service, but only 242 of 369 "normals" would have been recognized as fit for service. Thus only 57.7 per cent of the 1,100 men would have been correctly identified. In another study of 833 navy men made by C. L. Wittson, W. A. Hunt, and T. J. Older similar results were obtained.

Due, Wright and Wright conclude: "Although we are not as pessimistic as Wittson, Hunt and Older we agree that in the present development of the test, these criteria are not sufficiently valid to warrant its usage by untrained personnel. The degree of overlap in our statistics indicated that such usage would segregate more than fifty per cent of the prospective neuropsychiatric casualties but that there would be also included a large number of false positives who adjust satisfactorily despite evidences of conflict on a deeper level."

During the Multiple Choice Test, the Rorschach blots are projected on a screen; and the subject is requested to check, for each blot, that one of 10 alternative responses (in a new edition of the test, 3 of 30) which in his opinion describes the blot best. Half of the responses are classified as "good" because they occur frequently in records of healthy subjects, and half as "poor" because they occur far more frequently in records of neuropsychiatric patients. The score is the number of "poor" responses. A percentage of "poor" responses above a critical level (40 or 50) marks the subject as "unfit," a percentage of "poor" responses below that level marks the subject as "fit."

The authors undertook a formidable task. They tried nothing less than the creation of an instrument by means of which one could determine whether a person was fit or unfit within several minutes. The value of the

Multiple Choice Test can be raised by interpreting its results according to Rorschach's interpretive principles. This was proved by an experiment of Due, Wright and Wright, conducted with 200 navy neuropsychiatric cases. It is apparent in their report in the book that far more satisfactory results were obtained that way, but trained Rorschach analysts were needed to achieve them.

From the wide experience of the authors, succinctly reported in their book, the following conclusions can be deduced: (1) Group instead of individual administration of the Rorschach leads inevitably to a drop in the validity of the findings. (2) The Multiple Choice Test shortened the administration and interpretation of the Rorschach so much that nearly all its validity had been lost in the process. (3) The group administration saves a great deal of time and can produce satisfactory results, provided the group records are interpreted according to the same principles as individual records are interpreted, or according to some new principles.

Psychiatry and the War. Edited by Frank J. Sladen, M. D. 505 pages. Cloth. Charles C. Thomas, Publisher. Springfield, Ill. 1943. Price \$5.00

Dr. Sladen is the physician in chief of the Henry Ford Hospital, Detroit. This book is described as a record of the conference on psychiatry held in Ann Arbor, Mich., in October, 1942, upon the invitation of the University of Michigan and the McGregor Fund. In its five parts, it makes up a complete survey of psychiatry as expressed in addresses and discussions held at the conference by the leaders of thought in psychiatry and related topics in the United States and Canada. None of the chapters is long. Upwards of 30 papers were presented at several sessions, followed by what seem to have been round-table discussions in which certain leaders took part. Discussion from the floor followed.

While the title of the book is "Psychiatry and the War," its scope is much broader than that. It has to do with psychiatry in all of its aspects, such as education, industry, home, nursery, etc. It might well be called "Psychiatry of Today," as it presents a clear yet comprehensive review of what is acceptable from the standpoint of present theories and beliefs and the direction toward which mental science is progressing.

The McGregor Fund is to be congratulated upon its enterprise in organizing this timely conference for much of the thought pervading the papers has to do with the present world conflict. Those who have taken part in the discussions and presented the papers are to be complimented upon the success of their efforts.

The Problem Teacher. By A. S. NEILL. 161 pages. Paper board binding. International University Press. New York. 1944. Price \$2.50.

The author of "The Problem Teacher" is manifestly a close student of dynamic psychology. He quotes Freud and Alfred Adler and has worked with Wilhelm Reich whom he consulted in the hope of gaining a better insight into his personality as a teacher. He says that he found something vital, namely "that I was allowing my petty ego to stand in the way of my progress. It was one of the most important discoveries of my life and I cannot see how I could ever have arrived at it without Reich's undoubted genius for psychology." He has evidently benefited by the insight gained from his studies with Reich for he says, "It will be seen that when I write of tin gods I am on ground that I know well. It is highly necessary that we should be aware of the methods by which our egos limit our development."

Neill says that in the classroom the teacher has the advantage over the children in that in the schoolroom the adult ego regresses, and it is so easy to become petty in a classroom, to insist upon strict decorum when relaxation will put everyone at ease, to insist upon arbitrary rules which are often outmoded. He raises the question whether the teacher considers himself an example to his pupils. He says the old-type schoolmaster thought this so much that he would hide his pipe if a pupil came around the street corner.

Among teachers as a class, he believes, there is the idea that they are a fine example for others to follow. The author declares that this attitude is deplorable, that teachers do enough harm in the world without adding insincerity to what they teach the children. Children can only learn in an atmosphere of complete sincerity. To support this statement he says, "I have said again and again that children come to me from disciplined schools insincere little humbugs with false manners which they drop in a few weeks. Discipline and fear have made them act a part that is foreign to child nature for a child is by nature a sincere little blighter."

The author has many original ideas which he would like to see adopted for he has adopted them in his own school, Summerhill. He says that it is a school that runs without a scrap of dignity. The pupils address the teachers by their Christian names. "When a child calls his teacher George he is free from fear. When a teacher accepts being called George he is free from dignity. Then the personality of the teacher cannot stand between the child and the work."

The book is warmly recommended for reading by all teachers and others interested in education. It will be called radical but Dr. Neill has put it into practice in his own British school and seems to have made a go of it.

Prelude to Sanity. By S. GREINER. xlii and 164 pages with "Comments" and glossary. Cloth. Master Publications. Fort Lauderdale, Fla. 1943. Price \$3.00.

This is a work on philosophy, not on psychiatry, and this review is, in consequence, approached with trepidation. It is in addition a highly unconventional work on philosophy, proposing a new and sweeping concept of man which if accepted would appear to come close to abolishing the sum total of what we are accustomed to regard as human achievement. Man in general, it holds, is suffering from schizophrenia. That is, the cultural personality, the ego, the apparatus man uses for intellectuation and passion, is not an intrinsic part of humanity but is a diseased outgrowth; it is, as the writer of the introduction quotes the author, "the pus exuding from a cyst within the racial organism;" and, as such, it is, of course, not competent to determine basic knowledge. "The true *persona*" says the introduction, "being racial (hence mute, passionless, and undialectical), is universally ignored as though it were non-existent." Consequently, what we believe we perceive through the mind, including medicine and the rest of the whole body of science, is spurious.

Both the ideas that mankind in general is mentally ill and that all apparent reality is illusion have respectable antiquity. There is an apocryphal tale to the effect that Demoeritus once told Hippocrates that the kindest explanation of human behavior was that all men were mad. The psychoanalysts have advanced evidence in support of the thesis that culture, or civilization, is a neurosis. Edward Carpenter contended that human ills began when mankind developed self-consciousness (the ego?) which from his point of view might be considered a mental ill. As for the denial that apparent reality is real, Mary Baker Eddy founded a religion, Christian Science, upon it, though with basic premises differing widely from those of Greiner. And Mark Twain based one of his most distinguished writings on the thesis that the apparent world was made up of imaginings or hallucinations. Twain's "The Mysterious Stranger" is a literary exercise but is a work of such vision and power that one wonders if the author did not at least ponder the possibility that there was truth in it.

On the validity, or even on the general tenets, of Greiner's thesis, this review will not comment. His views were widely circulated privately before their publication; and the printing of "Prelude to Sanity" was financed by contributions from persons impressed by them. Greiner is a business man, not a scientist, but he has evidently had many scientific contacts; the writer of the introduction identifies himself as a "physician and scientist." The present book is said to be the product of 26 years of work. It gives evidence of a fine intellect—if the author will pardon the reference—behind

the achievement. It should, perhaps, be said that this reviewer remains unconvinced by the argument—which is very likely an unfair observation, since the author makes it plain that he is stating his views here, without attempt to give incontrovertible proof, which, it is said, he will offer in later publications. "Prelude to Sanity" should be of interest to students of philosophy, the social sciences and dialectics, and to others interested in seeing an ancient philosophical idea presented in a modern guise.

Hypertension and Hypertensive Disease. By WILLIAM GOLDRING, M. D., and HERBERT CHASIS, M. D. 253 pages. Cloth. The Commonwealth Fund. New York. 1944. Price \$3.00.

This book is a record of investigation carried out by the authors in the nephritis and hypertension clinic of the New York University College of Medicine, and in the wards of Bellevue Hospital. Some 6,000 patients were studied while they were ambulatory besides studies during periods of hospitalization. The authors present, in a book of some 240 pages, the experience gained in 15 years of observation and investigation.

One of their important observations is that hypertension experimentally induced in laboratory animals differs in material respects from that occurring spontaneously in the human being. They distinguish between hypertension and hypertensive disease, pointing out that the distinction is between elevation of the blood pressure as a reversible process and hypertensive disease, which is progressive in its nature.

The record of their experiments and conclusions will help to allay the anxiety often expressed by physicians regarding the appearance of hypertension, and the phobia met with in many patients who have been told that they suffer from high blood pressure. These authors do not dismiss the matter lightly. They believe that as long as the hypertension persists the patient should be under medical advice but find that in the majority of cases the condition is benign.

The book is technical in its presentation and not intended for the casual reader but its perusal and study will repay the time spent.

War and Children. By ANNA FREUD and DOROTHY T. BURLINGHAM. 191 pages. Cloth. International University Press. New York. 1943. Price \$2.00.

"War and Children" was reviewed in the July, 1944, number of THE PSYCHIATRIC QUARTERLY SUPPLEMENT. The edition on current sale (the second) shows changes in publisher and price from those previously reported to those listed here. The new publishers, International University Press, have requested the editors to call attention to the book's present status. The first edition price of \$3.50 has been reduced to \$2.00.

Other Publications Received

MARIHUANA PROBLEMS IN THE CITY OF NEW YORK. Sociological, Medical, Psychological and Pharmacological Studies. By the Mayor's Committee on Marihuana, George B. Wallace, M. D., Chairman. xii and 220 pages. With 53 tables and seven figures. Cloth. The Jacques Cattell Press. Lancaster, Pa. 1944. Price \$2.50.

This is the result of a sweeping, detailed and prolonged scientific inquiry into the subject of marihuana smoking in the City of New York. Following complaints over many years of widespread major crime, juvenile delinquency, immorality and ill health caused by hopeless addiction to the spreading vice of marihuana smoking, Mayor LaGuardia appointed a committee made up largely of physicians representing the New York Academy of Medicine to investigate all aspects of the problem. Their verdict, as presented in this report, is that marihuana (hemp or hashish) has been greatly maligned, that beyond producing transient intoxication during which the user is not dangerous to himself or others it has comparatively little effect, that its use does not produce "true" addiction and that it is not an important causative factor in crime. This report—made on very high scientific authority—refutes nearly everything which has been said, believed or written about marihuana for centuries, not only by lay writers, but by criminologists, narcotic experts and other specialists. For this reason, it will be reviewed at length in the April issue of *THE PSYCHIATRIC QUARTERLY*.

NEWS AND COMMENT

SUPPLEMENT DATING IS CHANGED FOR 1945

THE PSYCHIATRIC QUARTERLY SUPPLEMENT for 1945 is being issued as Part 1 and Part 2, instead of the customary No. 1, "January," and No. 2, "July." THE SUPPLEMENT, besides its functions as a publication for material in the fields of social service, psychiatric nursing, psychology, administrative psychiatry and other subjects allied to psychiatric care and treatment, is at present the official organ for the printing of the minutes of the conferences of the Department of Mental Hygiene. With a considerable increase in the agenda as well as in the numbers of those conferences, the preparation of those minutes is increasingly time-consuming. The time of appearance of THE SUPPLEMENT is dependent, among other factors, on the completion of the minutes.

For this and other reasons, the new designations will be more appropriate than the use of dates which have become misleading as far as the times of publication go. The periods covered by Departmental and institutional reports will remain unchanged, from July 1 to December 31, 1944, for Part 1 of the 1945 issue, from January 1 to June 30, 1945, for Part 2.

MISS SCHIED RETIRES AFTER 28 YEARS AT UTICA

Miss Eva M. Schied, widely known as a pioneer in psychiatric social service work, retired on December 1, 1944, as head of the Utica State Hospital social service department after 28 years at that institution. Miss Schied, a native of Utica and a graduate of the Utica State Hospital nurse training school, returned to become the hospital's first trained social worker shortly after the first World War. She had had postgraduate nursing courses at the Johns Hopkins Hospital, had worked at the Henry Street Settlement under Lillian Wald and had studied at Teacher's College, Columbia University, and elsewhere. As social worker at Utica, she was not only instrumental in developing community clinics, family care, and field training for student social workers; but she contributed largely to the development of social work as a science in New York State and nationally. Miss Schied is continuing to live in Utica and is continuing to serve as executive secretary of the Oneida County Mental Hygiene Committee of which she was one of the principal organizers. She has always been active in welfare and professional organization work and has served as secretary of the Utica Council of Social Agencies. Miss Schied was guest of honor at a tea attended by some 200 friends and associates at Utica State Hospital on November 27; and good wishes from a host of friends and coworkers in local, State and national psychiatric and social service circles accompany her to retirement.

HOSPITALS VISITED IN NURSING SURVEY

Mrs. Laura W. Fitzsimmons visited a number of the Department of Mental Hygiene institutions during the latter half of 1944 as nursing consultant of the nursing committee of the American Psychiatric Association. Her calls and inspections of the various schools of nursing were in connection with a committee survey of the mental hospitals of the United States and Canada to evaluate present conditions as a step toward improvements in nursing care and education in the future.

RORSCHACH INSTITUTE WORKSHOP TO BE JUNE 10 TO 23

The ninth summer workshop of the Rorschach Institute will be conducted at the Homestead, Crafts, N. Y., from June 10 to 23, 1945, with introductory seminars for beginners the first week, advance courses the second, and with students privileged to register for either one or both weeks, according to qualifications. Academic credits at Teachers' College, Columbia University, may be arranged; and interested persons should obtain applications from Bruno Klopfer, Ph.D., 3820 Waldo Avenue, New York 63, N. Y., and file them with him before May 1.

DR. EUGENE LERNER, PSYCHOLOGIST, DIES AT 43

Dr. Eugene Lerner, professor of psychology at Sarah Lawrence College and widely known as a scientific worker and writer in psychological and social service circles, died on September 21, 1944, in New York City at the age of 43. Born in Hungary and graduated from secondary school and college there, he continued graduate work in this country and in Switzerland and held a number of degrees. He was the author of monographs on psychological and educational subjects and was coauthor of the books, "Psychology for Individual Education" and "Methods for Studying Personality in Young Children."

FORMER EDITORIAL AIDE IS LIEUTENANT IN NAVY

George L. Cantzlaar, editorial assistant on THE PSYCHIATRIC QUARTERLY and THE PSYCHIATRIC QUARTERLY SUPPLEMENT for a number of years before his resignation in 1940 to join the editorial staff of a medical publishing house, has been promoted from lieutenant (junior grade) to lieutenant (senior grade), U. S. N. R., according to word to his former associates in Utica. Mr. Cantzlaar was in army service when the navy obtained his transfer and commissioned him for naval publication work. He has since been stationed in Washington where he has been engaged in research, writing and editing of scientific, technical and general material for handbooks and other official works for navy personnel.

INSPECTION BUREAU OFFICIALS NOW INCREASED TO FIVE

The designation of Assistant Director Bascom B. Young, M. D., of Harlem Valley State Hospital as acting medical inspector on November 1, 1944, increased the officer personnel of the Mental Hygiene Department's Bureau of Inspection to five. Headed since the departmental reorganization by an assistant commissioner, the official staff now consists of Assistant Commissioner Arthur W. Pense, M. D., and Milton M. Grover, M. D., Joseph Lee Camp, M. D., Claude R. Young, M. D., and Bascom B. Young, M. D., all acting inspectors and all holding permanent ratings as assistant directors of departmental institutions.

BECK RORSCHACH COURSE DATES ANNOUNCED

The course in the Rorschach examination conducted annually by S. J. Beck, Ph.D., at Michael Reese Hospital, Chicago, will be given from June 4 to 8 inclusive this year. Records to be demonstrated will be representative of older adolescent and younger adult groups and will have special emphasis on persons discharged from the military services.

MR. DONOHUE RESIGNS TO ENTER PRIVATE PRACTICE

M. Thomas Donohue, attorney in the reimbursement division of the New York State Department of Mental Hygiene, resigned, effective January 1, 1945, to enter the private practice of law with the firm of Halter and Sullivan of Albany. Department associates honored him at a dinner on December 15.

EDWARD S. GRANEY AND ANDREW J. DELANEY RETIRE

Retirements of Edward S. Graney and Andrew J. Delaney as senior business officers of Binghamton State Hospital and Hudson River State Hospital on October 31, 1944, closed two long careers in the State service. Mr. Graney entered the Binghamton institution service in 1893 as stenographer and became steward in 1909, remaining at that hospital for 51 years, one of the longest periods of continuous service in the records of the Department of Mental Hygiene. Mr. Delaney had been with the civil State hospitals for 31 years, holding positions at Manhattan and St. Lawrence before transferring to Hudson River, where he had been steward for eight years. Both men were honored for their services at farewell gatherings at their institutions and at the Quarterly Conference at Poughkeepsie in October, when Commissioner MacCurdy praised their services and contributions to the Department and special tributes were paid at a dinner of the Department's business officers. Mr. Delaney is continuing in mental hospital administrative work as steward of the New York Hospital—Westchester Division, at White Plains.

QUARTERLY ARTICLES OF INTEREST TO SUPPLEMENT READERS

A number of articles in the October, 1944, and January, 1945, *PSYCHIATRIC QUARTERLY* are of more than ordinary interest to nonmedical workers in the mental hospital and psychiatric fields.

"Group Psychotherapy in the Elementary Schools," by Lt. Comdr. J. Robert Jacobson, M. C., U. S. N. R., in the January *QUARTERLY*, is an account of unusual procedures developed by a psychiatrist along psychiatric principles for the teaching of reading to backward children and those with conduct disorders in the Honolulu public schools. The program is said to have been highly successful, and its application is being expanded at the present time. The paper describes the procedure and its results in detail and is, thus, of interest to teachers, psychologists, students of education and many others, other than physicians. As psychotherapy, the method was found to have excellent results in relieving conduct and personality disorders, as well as in greatly improving reading ability.

"The Oath of Hippocrates," by A. N. Foxe, M. D., in the same issue is a discussion pointing out where the traditional oath of the physician fails to conform to modern ethics and modern standards of medical practice and suggesting its revision. "I Swear by Apollo . . .," the editorial in the same number, is a commentary on Dr. Foxe's paper, with some further discussion concerning the possible effects on the young physician of commencing his career by assuming obligations which he knows at the time he cannot meet literally. A limited number of special reprints of the two papers in a single cover have been printed.

"Phenomenal Spurt of Mental Development in a Young Child," by Eugene W. Martz, M. D., is a report from a State school of a little girl whose I. Q. increased from 29 Kuhlmann at 19 months to 97 Stanford-Binet four years later, with improvement in her environment and is of particular value to psychologists, social workers and others having contacts with the child guidance clinics. Books of wider than ordinary interest reviewed in the January *QUARTERLY* include "Freud, Master and Friend," by Hanns Sachs, a study of the personality of the founder of psychoanalysis; "The People of Alor," by Cora Du Bois, an exhaustive study of the culture of an East Indian island which should be of interest to armchair readers and serious students of ethnology; "Marriage and Family Relationships," by Robert G. Foster, "Personal Mental Hygiene," by Dom Thomas Verner Moore, M. D., Ph.D., and "Christian Behavior," by Clive Staples Lewis, all touching on matters of popular mental hygiene; "Account Rendered," by Vera Brittain, a psychological novel of wartime England; "Infants

Without Families," by Anna Freud and Dorothy T. Burlingham, a study by recognized authorities which should be of value to social workers; "Epilepsy—the Ghost Is Out of the Closet," by Herbert Yahraes, a Public Affairs Pamphlet for general distribution and one excellently adapted for educational and mental hygiene purposes.

In the October, 1944, *QUARTERLY*, "Intramural Hearings on Writs of Habeas Corpus," by Director Harry J. Worthing, M. D., of Pilgrim and Deputy Commissioner Newton J. T. Bigelow, M. D., is of interest to patients' relatives and attorneys and to all connected with hospital administration, as well as to psychiatrists. "Duce, Duce!" is an editorial important to all workers in the Department of Mental Hygiene, an answer to the charge in the "Journal of the American Medical Association" that New York State's mental hospitals are examples of the evils of "political medicine;" "Who Called That Psychiatrist a Malpractitioner?" is an editorial reply to the allegation of a widely-known psychologist that psychiatrists are "creating" mental cases by "wholesale" in the practice of military medicine. Among the books reviewed in that issue, "Psychiatry and the War," Frank M. Sladen, M. D., editor, "War Psychiatry," four papers on brief psychotherapy from the Institute of Psychoanalysis, Chicago, and "Psychiatry in War," by Emilio Mira, M. D., are important works of more than specialized interest on psychiatry's most pressing current problems; "Sexual Anomalies and Perversions" is a useful compilation from the standard work of Magnus Hirschfeld; "Rebel Without a Cause," by Robert M. Lindner, Ph. D., is the life story and treatment by a new psychotherapeutic technique of a criminal psychopath; "Balinese Character," by Gregory Bateson and Margaret Mead is an important and lavishly illustrated ethnological work; and "Mental Hygiene," by D. B. Klein is a treatment of the subject as a college textbook and should be of wide interest.

EDWARD C. EATON BECOMES DEPARTMENT TREASURER

An important appointment in the administrative offices of the Department of Mental Hygiene was made with the designation of Edward C. Eaton as treasurer. Mr. Eaton is assistant director of mental hygiene accounts; and, as treasurer, he succeeds Frank O. Baur, retired.

E. DAVID WILEY ON LEAVE FOR DURATION OF WAR

E. David Wiley, attorney and assistant chief special agent in the New York State Department of Mental Hygiene, is in Washington, on leave of absence from the Department, on the staff of the general counsel to the War Manpower Commission and the Federal Security Agency. His leave from Albany is for the duration of the war.

GENERAL STATISTICAL INFORMATION RELATING TO STATE HOSPITALS, STATE SCHOOLS AND CRAIG COLONY

CENSUS OF JANUARY 1, 1945

Patient population:

Civil State hospitals:

In hospitals	72,069
In family care	1,111
In convalescent care	8,495
On elopement	119
	<hr/> 81,794

Dannemora and Matteawan 2,700

Licensed institutions for mental disease *6,508

Institutions for mental defectives:

In institutions proper	14,073
In colonies	1,283
In family care	594
In convalescent care	2,057
On elopement	107
	<hr/> 18,114

Licensed institutions for mental defectives *584

Institutions for defective delinquents 3,826

Craig Colony for epileptics 2,290

Total	115,816
Certified capacity of civil State hospitals	62,928
Certified capacity of Dannemora and Matteawan	2,457
Certified capacity of institutions for mental defectives	11,713
Certified capacity of Craig Colony for epileptics	1,990
Medical officers in civil State hospitals	290
Medical officers in Dannemora and Matteawan	9
Medical officers in institutions for mental defectives.....	30
Medical officers in Craig Colony for epileptics	7
Employees in civil State hospitals	12,723
Employees in Dannemora and Matteawan	767
Employees in institutions for mental defectives	2,245
Employees in Craig Colony for epileptics	379

*Subject to correction.

GENERAL STATISTICAL INFORMATION

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MOVEMENT OF EMPLOYEES IN THE CIVIL STATE HOSPITALS DURING THE SIX MONTHS ENDED DECEMBER 31, 1944

State hospitals	In service, July 1, 1944			Engaged			Left service			In service, Dec. 31, 1944			Vacancies, Dec. 31, 1944			Number of patients, excluding paroles, Dec. 31, 1944, to each		
	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees
Binghamton ...	10	399	274	4	108	49	2	125	39	12	382	284	5	54	32	224.8	7.1	4.0
Brooklyn	30	558	345	10	201	71	11	187	110	29	572	306	3	51	57	112.8	5.7	3.6
Buffalo	9	198	185	1	72	19	1	54	19	9	216	185	6	99	27	277.4	11.6	6.1
Central Islip ..	25	598	407	1	99	151	1	119	142	25	578	416	19	483	157	292.6	12.7	7.2
Crotona Moor ..	17	444	242	5	103	62	3	115	48	19	432	256	7	271	75	253.5	11.2	6.8
Gowanda	8	221	184	3	56	25	2	49	22	9	228	187	5	163	53	302.3	11.9	6.4
Harlem Valley ..	12	387	245	2	79	35	1	90	39	13	376	241	10	262	93	345.0	11.9	7.1
Hudson River...	15	477	394	2	110	41	2	105	49	15	482	386	10	226	91	322.8	10.0	5.5
Kings Park ...	19	619	365	4	88	31	6	89	50	17	618	346	23	361	116	365.0	10.0	6.3
Manhattan	20	386	337	1	36	37	1	55	32	20	367	342	2	120	87	178.0	9.7	4.9
Marcy	10	277	221	..	64	32	..	62	25	10	279	228	6	147	42	250.7	9.0	4.8
Middletown ...	10	380	270	..	84	37	..	84	37	11	365	265	9	187	24	318.5	9.6	5.5
Pilgrim	31	642	347	1	87	70	4	135	70	28	594	347	23	731	149	399.2	14.6	8.9
Psy. Ins. & Hos. 12	47	158	158	5	14	30	5	17	32	12	44	156	3	47	18	9.7	2.6	0.6
Rochester	9	322	179	1	38	32	2	42	27	8	318	184	9	150	71	388.9	9.8	6.1
Rockland	24	571	281	11	171	134	7	210	144	28	532	371	9	363	132	215.1	11.3	6.5
St. Lawrence ..	7	308	211	1	74	105	..	76	57	8	306	259	7	46	19	258.6	6.8	3.6
Syracuse Psych. Hos.	3	35	22	..	14	13	..	18	12	3	31	23	1	15	6	14.3	1.4	0.8
Utica	7	218	214	..	72	19	1	80	21	6	210	212	6	136	40	296.0	8.5	4.1
Willard	8	286	219	..	39	25	..	31	29	8	294	215	8	194	57	358.1	9.7	5.5
Total	286	7,373	5,200	53	1,594	1,013	49	1,743	1,004	290	7,224	5,209	171	4,106	1,346	252.0*	10.1*	5.7*

*Excluding Psychiatric Institute and Syracuse Psychopathic Hospital.

GENERAL STATISTICAL INFORMATION

MOVEMENT OF PATIENTS IN THE CIVIL STATE HOSPITALS DURING THE SIX MONTHS ENDED DECEMBER 31, 1944, AS REPORTED BY DIRECTORS, AND STATEMENT OF CAPACITY AND OVERCROWDING DECEMBER 31, 1944

State hospitals	Admissions			Discharges							Total		Census, Dec. 31, 1944		Certified capacity		Overcrowding	
	First admissions	Readmissions	Transfers	Total	Recovered	Much improved	Improved	Unimproved	Not insane	Died	Transferred	Total	Number	Per cent				
Binghamton	214	52	2	268	87	41	20	10	10	127	1	296	2,974	2,391	242	10.1		
Brooklyn	938	256	17	1,211	204	197	208	8	..	469	153	1,239	4,396	2,603	666	25.6		
Buffalo	203	64	4	271	79	40	32	13	3	109	11	287	2,898	1,942	525	27.0		
Central Islip	495	141	57	693	82	246	98	23	..	256	12	717	7,975	6,443	796	12.4		
Creedmoor	614	102	90	806	118	63	32	11	2	250	37	512	5,383	4,142	675	16.3		
Gowanda	202	71	9	282	65	41	28	15	14	106	6	275	3,128	2,228	417	18.7		
Harlem Valley	155	71	34	260	68	47	18	6	1	107	18	265	4,847	3,972	407	10.2		
Hudson River	232	88	21	341	65	63	38	10	1	178	6	361	5,088	4,131	607	14.7		
Kings Park	471	134	98	703	53	170	48	14	2	190	207	684	7,025	5,390	757	14.0		
Manhattan	477	66	21	564	207	110	59	21	2	476	14	889	4,116	3,559	..	..
Marry	194	36	1	231	47	79	31	14	9	128	3	311	2,787	2,140	333	15.6		
Middletown	100	44	4	148	37	38	24	13	6	107	4	229	3,715	2,742	550	20.1		
Pilgrim	715	201	61	977	167	174	47	31	4	263	83	769	9,696	7,831	857	10.9		
Psy. Inst. and Hos.	129	20	1	150	17	41	56	46	2	1	..	163	121	210	-94	..		
Rochester	228	64	6	298	39	54	38	5	2	145	8	291	3,465	2,740	311	11.4		
Rockland	511	163	4	678	126	179	77	27	11	186	40	646	6,883	4,700	1,279	27.2		
St. Lawrence	112	44	2	159	43	38	16	10	1	66	3	177	2,217	1,721	275	16.0		
Syracuse Psy. Hos.	228	67	..	295	52	50	37	27	53	8	80	303	43	60	-17	..		
Utica	170	44	3	217	31	51	29	11	11	109	4	246	2,035	1,552	167	10.8		
Willard	116	37	..	153	36	44	14	3	9	130	5	241	3,002	2,431	388	16.0		
Total	81,991	6,504	435	87,05	1,623	1,766	950	318	143	3,411	695	8,902	81,794	62,928	9,552*	14.8*		

*Excluding Psychiatric Institute and Syracuse Psychopathic Hospital.

GENERAL STATISTICAL INFORMATION

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MOVEMENT OF EMPLOYEES IN THE STATE INSTITUTIONS FOR MENTAL DEFECTIVES AND EPILEPTICS DURING THE SIX MONTHS ENDED
DECEMBER 31, 1944

State Institutions	In service, July 1, 1944			Engaged			Left service			In service, Dec. 31, 1944			Vacancies, Dec. 31, 1944			Number of patients, excluding paroles, Dec. 31, 1944, to each		
	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officer	Ward employee	Employee
State Schools for Mental Defectives:																		
Letchworth	7	369	212	..	90	20	..	99	20	7	360	212	6	187	67	615.6	12.0	7.4
Village ...	..	..	..	..	30	16	..	25	18	4	214	193	4	145	26	691.5	12.9	6.7
Newark	3	209	195	1	49	29	..	79	27	6	317	184	7	188	62	569.3	10.8	6.7
Rome	6	347	182	..	34	25	..	47	12	4	128	155	1	6	17	232.3	7.3	3.2
Syracuse. ...	3	141	142	1	28	14	1	37	15	9	244	208	4	449	56	506.7	18.7	9.9
Wassaic	8	253	209	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total ...	27	1,319	940	4	231	104	1	287	92	30	1,263	952	22	975	228	532.7	12.7	7.1
Craig Colony for Epileptics	7	160	206	1	26	20	1	19	21	7	167	205	4	113	48	271.6	11.4	5.0

GENERAL STATISTICAL INFORMATION

MOVEMENT OF PATIENTS IN THE STATE INSTITUTIONS FOR MENTAL DEFECTIVES AND EPILEPTICS DURING THE SIX MONTHS ENDED DECEMBER 31, 1944, AS REPORTED BY DIRECTORS, AND STATEMENT OF CAPACITY AND OVERCROWDING DECEMBER 31, 1944

State Institutions	Census, July 1, 1944	Admissions				Discharges							Census, Dec. 31, 1944	Certified capacity	Overcrowding in institutions	
		First admissions	Readmissions	Transfers	Total	Improved	Unimproved	Not mentally defective	Not epileptic	Died	Transferred	Total			Number	Per cent
State Schools for Mental Defectives:																
Letchworth Village . . .	4,808	181	35	3	219	124	70	1	..	33	31	259	4,768	3,178	880	27.7
Newark	3,224	101	16	5	122	54	26	..	..	20	..	100	3,246	1,874	505	26.9
Rome	3,902	110	8	31	149	74	39	..	..	47	6	166	3,885	2,440	309	12.7
Syracuse	1,347	49	1	..	50	24	7	1	..	3	4	39	1,358	677	132	..
Wassaic	4,898	143	25	8	176	141	40	..	..	37	..	218	4,856	3,544	828	23.4
Total	18,179	584	95	47	716	417	182	2	..	140	41	782	18,113	11,713	2,390	20.4
Craig Colony for Epileptics																
	2,337	90	11	..	101	33	73	..	2	40	..	148	2,290	1,990	89	4.5

